

# VISITORS INFORMATION CARD

Please **PRINT** Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**1** How did you **FIRST** learn about these homes?

- |  |   |
|--|---|
| <input type="checkbox"/> Friend/Referral | <input type="checkbox"/> Mail           |
| <input type="checkbox"/> Realtor         | <input type="checkbox"/> Signs/Drive By |
| <input type="checkbox"/> Magazine        | <input type="checkbox"/> Web            |
| <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Other          |

Your primary reason for moving is:

- |   |
|---|
| <input type="checkbox"/> First time home purchase |
| <input type="checkbox"/> Job Transfer/Change      |
| <input type="checkbox"/> Neighborhood Change      |
| <input type="checkbox"/> Closer to Work           |
| <input type="checkbox"/> Current Home too Small   |
| <input type="checkbox"/> Downsizing               |
| <input type="checkbox"/> Retirement               |

**2** Planning to purchase within:

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 30 Days | <input type="checkbox"/> 90 Days     |
| <input type="checkbox"/> 60 Days | <input type="checkbox"/> 6-12 Months |

**3** Current Residence:

- |                              |                               |                                    |
|------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> Just Sold |
|------------------------------|-------------------------------|------------------------------------|

Are you currently looking for a new home with the assistance of a realtor?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**4** A. If you own, do you need to sell your residence before you purchase?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

B. If yes, is your residence currently for sale?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

C. If no, would you be interested in a complimentary market analysis?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please complete:

Agents Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Branch: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Tom Patch** (The Thomas Group Real Estate)  
**(425) 444-9692**

Community: \_\_\_\_\_ Associate: \_\_\_\_\_ Date: \_\_\_\_\_