

CUSTOMER QUESTIONNAIRE



CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

LEAD SOURCE: _____ NOTES: _____

SALES CALL DATE _____

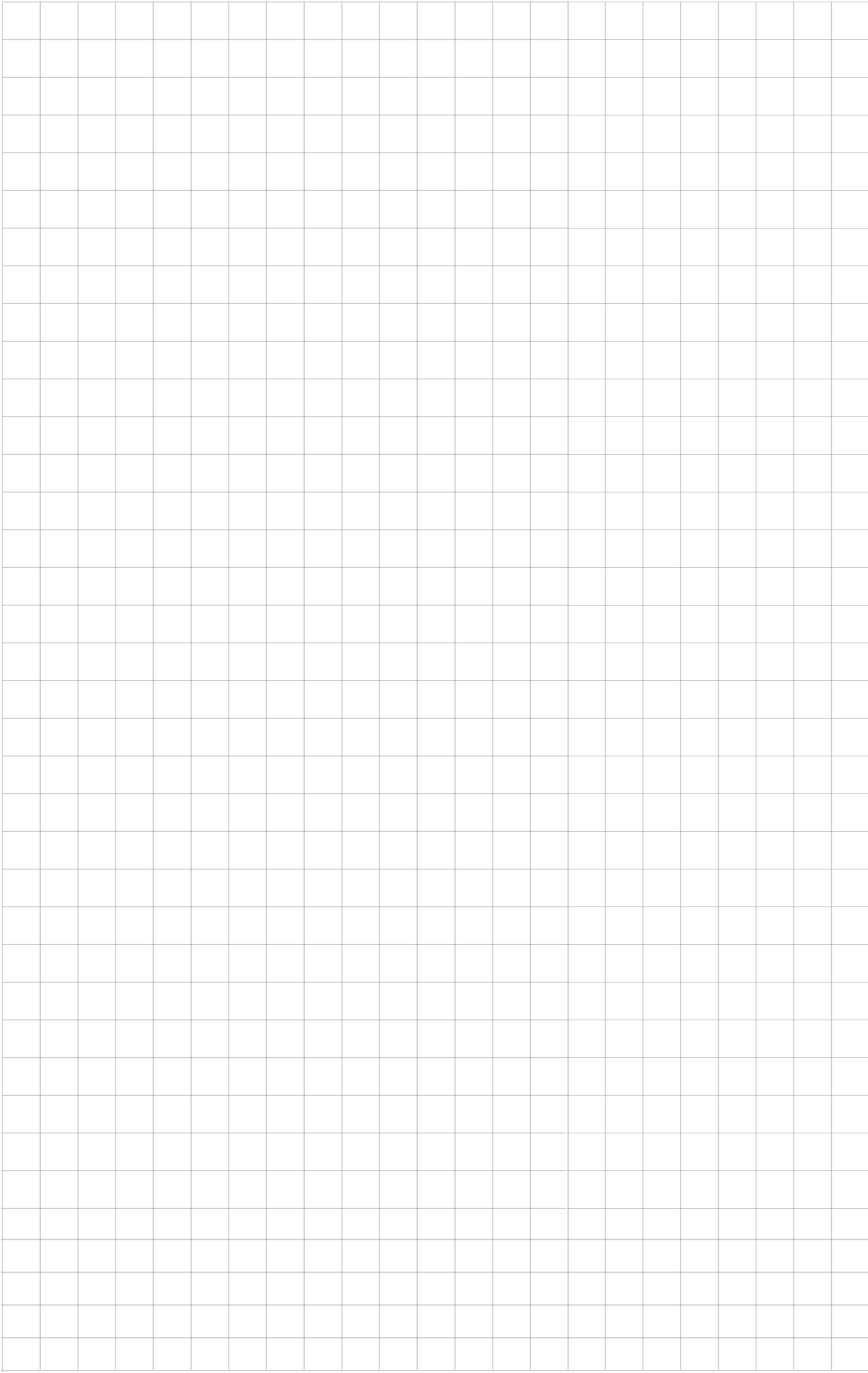
SALES CALL TIME _____

RETURN DATE _____

RETURN TIME _____

CustomerMatters™	CUSTOMER PRIORITY?	RESPONSE / NOTES
Do you have some rooms that are more comfortable than others?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
Are you wanting your bedrooms cold when it is 100° outside?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
How important are low utility bills?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
Is your current heating system safe and effective?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
What was your last home improvement project and how did it go?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
Do you like choosing from a few options or do you want my expert opinion on the best solution?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
Who in your home suffers from Asthma or Allergies?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
How important are warranties?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
How important is a low monthly payment?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	
How do you program and operate your heating & cooling system today?	<input type="checkbox"/> High <input type="checkbox"/> Somewhat <input type="checkbox"/> Low / No	

FLOOR PLAN



Total Square Feet

Wall R Value

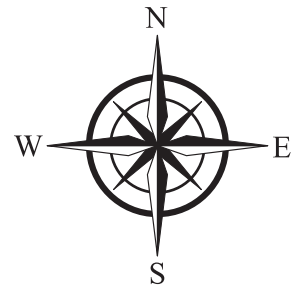
Ceiling R Value

Floor R Value

Window Manufacturer

Siding Manufacturer

SITE PLAN



ELECTRICAL REQUIREMENTS

DISCONNECT: NEW RE-USE EXISTING?

OUTDOOR UNIT:

MAX OVER-CURRENT PROTECTION: _____

CIRCUIT AMPACITY: _____

OPERATING VOLTAGE: _____

IS A GFCI OUTLET NEEDED: YES NO

CURRENT SERVICE PANEL:

TOTAL AMPS: _____

OF OPEN SPACES: _____

BRAND: _____

MODEL: _____

DISTANCE FROM SERVICE PANEL TO OUTDOOR UNIT:

ELECTRICAL PATHWAY: CRAWLSPACE ATTIC EXTERIOR

EXTERIOR SIDING MATERIAL: _____

LINESET

LIQUID LINE SIZE:

UNIT #1: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #2: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #3: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #4: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

GAS LINE SIZE:

UNIT #1: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #2: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #3: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

UNIT #4: ¼" 3/8" OR ½" LENGTH REQUIRED: _____

LINESET COVER

TOTAL LENGTH NEEDED: _____

LIST FITTINGS NEEDED (OTHER THAN COUPLERS, ELBOWS & WALL PENETRATIONS):

TS: _____

FLEXIBLE: _____

45 DEGREE: _____

INSIDE TURNS: _____

OUTSIDE TURNS: _____

SIDE-WALL PENETRATIONS: _____

OUTDOOR UNIT:

LOCATION: _____

WALL BRACKET ROOFTOP GROUND PAD SIZE: _____

SITE LOCATION LEVEL SLOPED ANY PLANTS TO REMOVE? _____

INDOOR UNIT LOCATIONS:

UNIT #1: _____ CONNECTION: RIGHT LEFT REAR FLUSH

UNIT #2: _____ CONNECTION: RIGHT LEFT REAR FLUSH

UNIT #3: _____ CONNECTION: RIGHT LEFT REAR FLUSH

UNIT #4: _____ CONNECTION: RIGHT LEFT REAR FLUSH

CONDENSATE DRAIN:

TOTAL LENGTH VERTICAL: _____

TOTAL LENGTH HORIZONTAL: _____