

SELLER INFORMATION LEAD SHEET

Appt. Set (Date/Time): _____ Agent to Initial When Appt. Completed: _____
Lead Assigned to: _____ Date: _____ Lead Generator: _____
Lead Status: A B C (circle one) Needs: B S L Source of Lead: _____
Referred By/Builder Contact Info: _____
Referral Fee: Yes No If YES, to whom: _____ %: _____ Phone: _____

Prospect's Name: _____ Spouse: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Return Call Time: _____

E-mail: _____

What is your mailing address? _____

Are you the only person on title to the property? Yes No If NO, who else is on title? _____

Why are you selling? _____ Where are you moving to? _____

When do you need to be there? _____ Do you need an agent there? Yes No

Are you ready to list your home immediately? Yes No If NO, when will you be ready? _____

How long have you owned your home? _____ How much did you pay for it? \$ _____

Would you describe your home for me?

Bdrms: _____ # Baths: _____ # Living: _____ # Dining: _____ Age of Home: _____ Stories: _____

Subdivision: _____ Type of garage? _____

Square feet: _____ Lot size? _____

Special features: _____

What sold you on your home? _____

Describe your location within your subdivision: _____

Have you done any updating to the home since you bought it? Yes No

If YES, What kind of updating? _____

What are homes like yours selling for in your neighborhood? _____

What would be an acceptable selling price for you? _____

What do you owe on the property? \$ _____ Have you sold a home before? Yes No

How did you hear about us? _____

What are the three things you are looking for in a Realtor?

1. _____ 2. _____ 3. _____

Have you or are you going to talk with any other agents? Yes No If yes, when? _____

Great; that should do it for me. Is there anything else I should know? _____

Copy to _____ Copy to Office CMA Due Date/Time: _____
Pre-list info e-mailed? Yes No Contact entered in TP? Yes No TP Plan Changed
Courier to deliver pre-list packet? Yes No Delivery Due Date/Time: _____

GREAT! Let me take a moment to make sure I have all the information I need.

Contact Notes

Personality Notes

Top Producer Contact Management

All contacts have *THREE* contact labels.

Year Entered or Year Transaction Closed: _____

Agent: _____

Origin:

- | | | |
|-----------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> SOI | <input type="checkbox"/> Vendor | <input type="checkbox"/> Money Phone |
| <input type="checkbox"/> SOI Referral | <input type="checkbox"/> Vendor Referral | <input type="checkbox"/> Sign Call |
| <input type="checkbox"/> Past Client | <input type="checkbox"/> Orphan Buyer | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Investor | <input type="checkbox"/> Orphan Buyer Referral | <input type="checkbox"/> Just Listed Cards |
| <input type="checkbox"/> Past Client Referral | <input type="checkbox"/> Agent Referral | <input type="checkbox"/> Just Sold Cards |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Title Company Referral | <input type="checkbox"/> Penny Saver Ad |
| <input type="checkbox"/> Builder Referral | <input type="checkbox"/> Open House | <input type="checkbox"/> Toastmasters |
| <input type="checkbox"/> Lender | <input type="checkbox"/> Web | |
| <input type="checkbox"/> Lender Referral | <input type="checkbox"/> 800 #'s | |

OTHER (Only required if FARM, PAST CLIENT or REFERENCE)

- | | | |
|--------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Past Buyer | <input type="checkbox"/> Title Rep | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Past Seller | <input type="checkbox"/> Lender | <input type="checkbox"/> Vendor |