Garage Organization Grid

Client:

Name(s): _____

Address: _____

_____

Phone: hm: _____ wrk: _____

cell: _____ fax: _____

Email: _____

Best time to be reached: _____

Method of sending quote: fax ☐ email ☐ usps ☐ in person ☐

Timing issues: _____

No. of children: _____ No. of vehicles: _____

Toys, bikes, equip: _____

_____

Hobbies: _____

_____

Notes: