Customer Needs Assessment

Name: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

How did you hear about us? _____

Do you currently own a shed? (circle one) Yes No What make? _____

What prompted you to contact us? _____

Which of these is important? (check all that apply)

- ☐ durability
- ☐ quality
- ☐ low maintenance
- ☐ organization
- ☐ warranty
- ☐ convenience
- ☐ clean garage
- ☐ security
- ☐ pride of ownership
- ☐ protect investment
- ☐ other: _____
- ☐ other: _____

How are you going to use your shed? _____

What else can you tell me about what you are wanting? _____

Will it fit in your yard? _____

Are there any special issues with your yard? _____

Zoning requirements? _____ Neighbors? _____

Specifics:

size: _____ style: _____

color: _____ windows: _____

doors: _____ loft: _____

shelving: _____ joist spacing: _____

strong floor: _____ ramp: _____

other: _____ other: _____

Desired payment amount: $ _____

Desired payment method (check one):

- ☐ cash
- ☐ check
- ☐ credit/debit
- ☐ rent-to-own

Notes _____

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