

# CONSIDER IT DONE ERRAND & CONCIERGE SERVICES

## NEW CLIENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Major Cross Street \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Pager Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

How did you hear about **Consider It Done**? \_\_\_\_\_

Who should I contact in case of an emergency?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Info. \_\_\_\_\_

Family Members who reside with you?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Anniversary \_\_\_\_\_

Other Info. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Anniversary \_\_\_\_\_

How many pets do you currently have:   None       1       2       3 or more

Pet(s) Name: \_\_\_\_\_

## ***CONSIDER IT DONE* ERRANDS**

TYPE OF ERRAND	Yes/No	Estimated Frequency
Appointment Making		
Banking		
Bill Paying		
Car-Related Services		
Courier Service		
Delivery/Service Wait		
Dry Cleaning Pickup/Delivery		
Drug Store Purchases		
Entertainment Services		
Fax Service		
Flower Pickup/Delivery		
General Errands		
Gift Wrapping		
Gift/Personal Shopping		
Grocery Shopping		
Home Organization		
House Sitting		
Internet Research		
Item Returns		
Meal Pickup		
Movie Rental Dropoff/Pickup		
Party/Event Planning		
Pet Sitting		
Pharmacy/Prescription Pickup/ Drop-off		
Post Office		
Referrals		
Teacher Concierge		
Ticket Arrangement		
Thank you/Invitation Writing		
Travel Planning		
Waiting Repairman/cable person		
Wedding Services		
Other		

**PAYMENT INFORMATION:**

How will you be paying:      CASH      PERSONAL CHECK      MONEY ORDER

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Consider It Done Signature

\_\_\_\_\_  
Client Signature