



New Client Form

Welcome to Starline! We would love to know more about you and your dream project. Please fill out all of the details below, and a talented designer will reach out to you within **ONE business day** to schedule an appointment.

Today's Date: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

How do you prefer to be contacted? Email Phone Either

What are you interested in remodeling? Kitchen Bathroom Both
Other: _____

Have you thought about a budget for your project? Yes No
If so, what is your budget range? \$ _____

Would you need Starline to do the installation for your project? Yes No Undecided

Do you have measurements of your space? Yes No Will Get

Do you have a time frame in mind for your project? Yes No Undecided
If so, what is your time frame? _____

How did you hear about Starline Kitchen & Bath Gallery? _____

Please add any notes or details about your project you would like the designer to know:

If you are working with a contractor / builder already or have been referred to a specific designer, please list their information here:

Contractor/Source: _____ Designer: _____

Thank You!

We will reach out within ONE business day to schedule an appointment with you!

Starline Kitchen & Bath Gallery