

# ROOFING APPOINTMENT QUALIFICATION FORM

## Customer Information

Customer Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Email: \_\_\_\_\_

## Complete Property Address

Street Address, House No., City, State & ZIP Code

\_\_\_\_\_

\_\_\_\_\_

Best Time:  Morning  Afternoon  Evening

## Property Information

Homeowner:  Yes  No

Property Type:  Single Family  Townhouse  Duplex  Other

Approximate Roof Age:

Under 5 Years  5–10 Years  10–20 Years  20+ Years

Reason for Appointment:

Roof Inspection  Roof Repair  Roof Replacement

Storm Damage  Insurance Claim Assistance

Leak/Water Damage  Missing/Damaged Shingles  Other \_\_\_\_\_

Recent Storm Damage:  Yes  No  Unsure

Insurance Claim Filed:  Yes  No

## Credit Profile

Estimated Credit Score:

700+

650–699

600–649

Below 600

## Appointment Information

Preferred Appointment Date: \_\_\_\_\_

Preferred Time:  Morning  Afternoon  Evening

## Internal Verification (Office Use Only)

Property Address Verified

Homeowner Qualification Verified

Roofing Need Confirmed

Appointment Scheduled

Calendar Updated

Sales Representative Assigned

## Internal Notes

\_\_\_\_\_

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