



# Solar Lumia Client Form

Form No-

Date

Agent/Representative Name

Client Name

Client Organization/Company Name

## Client Information

Home Phone

Cell Phone

Email Address

Address

City

State.

ZIP Code

Occupation/Business Type

Power Back up Time-

Type of Installation:

Estimated Power(kw):

No of Electrical Appliances-

Service Requests

Other/Special Requests

Availability for Follow-ups

Referred Customer:

Budget



[OFFICE ADDRESS]

[PHONE NUMBER]

[EMAIL]



[OFFICE ADDRESS]



[PHONE NUMBER]



[EMAIL]