



e-Design Client Information Sheet

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

What Room do you desire to re-design? _____

Budget for the Room? _____

Do you have pets and/or children? Please describe (ex. size and type of pet, age of child[ren]) _____

What functions are important to you in the space? _____

What specific products (ex: furniture, accessories, lighting) are you looking for in the Room? _____

Identify any existing furniture pieces you desire to retain in the redesigned room. Provide measurements (*Height x Width x Depth*): _____

What colors are within sight of adjoining spaces (include hallways, entry) that might influence the color selection for the Room to be re-designed? _____

Color Preferences: _____

Color Dislikes: _____

Design/Period Style Preferences (ex. Traditional, Modern, Art Deco, Retro) and links to Internet sites or images that display design styles you like: _____

Client
Signature(s): _____ Date: _____

Facsimile: 1.949.777.6979

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