

Residential Customer Survey

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Rent or Own: _____

Phone: _____ Email: _____

IBO Name: _____

1) TV

Company: _____

Monthly Bill: \$ _____

Number of TV's: _____

HD/DVR/Both: _____

Pay Channels (HBO, Showtime, etc.): Y or N

How long have you had the service?: _____

2) INTERNET

Company: _____

Monthly Bill: \$ _____

Speed: _____

3) HOME PHONE

Company: _____

Monthly Bill: \$ _____

Do you make long distance calls: Y or N

Comments:

4) CELL PHONE

Company: _____

Monthly Bill: \$ _____

Number of Phones: _____

Type of Phones (Blackberry, iPhone, Droid): _____

How long have you had your phone(s)?: _____

Would you like no contract?: Y or N International Texting: Y or N

5) HOME SECURITY

Company: _____

Monthly Bill: \$ _____

How long have you been with your provider?: _____

6) ENERGY

Current Gas Company: _____

Price per therm/Mcf/ccf: \$ _____

Current Electricity Company: _____

Price per kWh: \$ _____

Total Monthly Bill Amount: \$ _____

Total Annual Bill Amount: \$ _____

Total Annual Savings: \$ _____