

# SUPERNOVA

Full Customer :

Legal Name

Address:

City :

State :

Zip :

Contact Name:

Title :

Email:

Cell Phone Number :

Is the contact the :  
decision maker?

Do you own the :  
property? If no,  
who does?

EV Charging Station:  
interest? Yes/No

Solar Roof interest? :  
Yes/No

Date :

How did hear about :  
SuperNova?

Please save and email this form to [toddbaringer@rhinofinconsulting.com](mailto:toddbaringer@rhinofinconsulting.com)  
along with the person that sent you this intake form.