



Division of The Coral Conservation Company, LLC
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New Maintenance Customer Information

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Email address: _____

Cell: _____

Type of Location:

Residential: _____ Commercial/Office: _____

How did you hear about us? _____



So we may better serve your needs, please answer the following questions.

What type of Service are you looking for? Custom Installation ____

Custom Installation & Maintenance ____ Relocation of your Aquarium ____

Maintenance on your current Aquarium ____ Other _____

What type of system are you interested in:

Freshwater, fish only ____ Freshwater, w/ live plants ____ Freshwater Biotope ____

Marine, fish only w/ live rock ____ Marine Reef __ Marine Biotope ____

If you chose Biotope, please specify: _____

What do you picture, in your mind, when you think of an aquarium?

What sounds do you imagine, when you think of an aquarium?

How involved do you wish to be in the care of your aquarium?

Hands Free. I do not wish to be involved in the daily care of my aquarium. ____

Basic Involvement. I wish to feed my fish, but that is all. ____

Moderate Involvement. I can top off the water level, add supplements(as directed) and feed my fish. ____

Advanced Involvement. I wish to be involved in the daily testing, supplementation and feeding of my aquarium, but do not wish to do water changes, media replacement, equipment maintenance, etc. ____

For Maintenance Visits

What days of the week are best for your site? _____

What time of day is best for your site? _____

Do you have space available to install a water purification system & to store fresh water and salt water? _____