

CLIENT REFERRAL FORM

For professional interview attire

SUITED FOR SUCCESS



Please email or fax completed form **at least 3 days** before any scheduled interviews for your client. We will call the **case manager** to set an appointment time for your client. **Please do not send your client without a confirmed appointment.**

Client Name: _____

Female Male Other/ Prefer not to state

Type of Suiting:

Interview Suiting. Company: _____ Interview date: _____ (required)

Employment Suiting. Proof of employment required (ex. pay stub, schedule, offer letter)

Clients must **be on time** and arrive alone to be suited. Clients will be allowed one reschedule; please notify our office **before** your scheduled appointment. **No shows will not be given another appointment.** A no show takes time away from other clients who are waiting for appointments.

**** This referral expires after 2 weeks. After 2 weeks, a new referral must be submitted. ****

Location: 1600 NW 3rd Ave., Suite 111, Miami, FL 33136

Email: referrals@suitedforsuccess.org

Office phone: (305) 444-1944

Office fax: (305) 444-1099

PART I: REFERRAL INFORMATION (All Fields Required)

Agency Name: _____

Agency Address: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

PART 2: CLIENT INFORMATION (All Fields Required)

Home Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ Birth Date: _____

Phone: _____ Email: _____

Please circle (REQUIRED)

Women's suit size — 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 3X 4X+ Petite Tall

Men's suit size — 38 40 42 44 46 48 50 S L Pants — 30 32 34 36 38 40 42 44 46 48 50

Shoe Size — 5 5½ 6 6½ 7 7½ 8 8½ 9 9½ 10 10½ 11 11½ 12 Narrow Wide

FOR OFFICE USE ONLY

Client Database Entry — Initials _____

No Show

2022