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| Customer Profile – A Way to Connect |  |

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| Customer Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Home Phone: | [Phone] | Social Security Number: |  |  |  |  | | --- | --- | | Bill to address: |  | |  |  | |  |  | |  |  | |  |  | |
| Billing Address |
| |  |  |  |  | | --- | --- | --- | --- | | Name [if different from above]: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | P.O. Box | |  |  |  |  | |  | City | State | ZIP Code | | Preferred Invoice Method: | Email | Fax: |  |  |  |  | | --- | --- | | Mail | [Provide Address]: | |  |  | |  |  | |  |  | |  |  | |
| Shipping Address |
| |  |  |  |  | | --- | --- | --- | --- | | Address: |  |  | YES NO | |  |  |  | Loading Dock Available | |  |  |  |  | |  | City | State | ZIP Code | | Contact: | ( ) | Phone Number: |  |  |  |  |  |  | | --- | --- | --- | --- | | Times Open: |  | [Email] |  | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |

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| |  |  |  |  | | --- | --- | --- | --- | | Technical Contact |  |  |  | |  | Title | Phone | Email | | Accounting Contact |  |  |  | |  | Title | Phone | Email | | Sales Contact |  |  |  | |  | Title | Phone | Email | | | | |
| Alternate Contact |  |  |  |
|  | Title | Phone | Email |
| General Information [please answer all questions] | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Customer Type: |  |  |  | |  | Individual | Company | Govt. Agency | | Briefly describe company/agency’s primary endeavors: | | | | |  | | | | |  |  |  |  | | How did you first hear about us?  May we contact you by email with a customer review survey? Yes No | | | |  |  |  | | --- | --- | | Best Email: |  | |  |  | | | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| FOR OFFICE USE ONLY  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved: \_\_YES \_\_ NO |