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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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