

Date

CUSTOMER INFORMATION FORM

CS ID

Company Name

Order Pending? Yes No

Billing Address

Name

Address

City State Zip

Country

Phone Number (Office)

Phone Number

Phone Number (Fax)

email

Shipping Address Same As Billing

Name

Address

City State Zip

Country

Phone Number (Office)

Phone Number

Phone Number (Fax)

email

Purchasing Contact

Name

Phone Number

email

Accounts Payable Contact

Name

Phone Number

email

Preferred Shipping Method

Delivery Truck LTL Freight UPS Other

Customer Details

Tax Exempt? Yes No Tax ID Number

What Is Your Main Business?

What Brands Does Your Business Currently Sell?

Do You Offer Service & Repair? Yes No

Do You Have A Showroom? Yes No

Customer Comments

Receive Fax Marketing? Yes No

Receive Email Marketing? Yes No

Price Level	<input type="text"/>
Salesperson	<input type="text"/>
Territory	<input type="text"/>
Prospect Number	<input type="text"/>
Account Number	<input type="text"/>
Terms	<input type="text"/>
Credit Limit	<input type="text"/>

Questions?

Email sales@pressure-pro.com Phone +1 (772) 461-4486

Approved By

Date Approved