



Customer Profile

First Name: _____

Type of Business: _____

Billing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Name of Contact: _____

Phone: _____ Fax: _____ Email: _____

How long at present location: _____

Corporation: _____ Partnership: _____ Proprietorship: _____ Years Established: _____

Tax ID# _____

Principals: Names of officers or owners

Buyers Name: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

Current Vendors:

1. _____ Phone/Fax _____

2. _____ Phone/Fax _____

3. _____ Phone/Fax _____

Bank: _____

Address: _____

City: _____ State: _____ ZIP: _____

Bank Contact: _____ Phone: _____