

## CUSTOMER INPUT FORM

Prospect #: \_\_\_\_\_

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

☐ New Info☐ Revised Info

Customer #: \_\_\_\_\_ (if known)

Salesperson: \_\_\_\_\_

**CUSTOMER INFORMATION**

As should appear on Invoice and Statements

Company Name: \_\_\_\_\_

Attention/MS: \_\_\_\_\_

Address/Suite #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Est. Annual Sales: \_\_\_\_\_

Main Fax #: \_\_\_\_\_ Est. Sales \$ of First Order: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

NAICS Codes 

Please Choose One

Accounting should send credit application to:

☐ Same as above

Salesperson has sent credit application to:

☐ Same as above

Attention/MS: \_\_\_\_\_

Attention/MS: \_\_\_\_\_

Address/Suite #: \_\_\_\_\_

Address/Suite #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

☐ No Monthly Statement should be sent

Reason why: \_\_\_\_\_