

CUSTOMER ACCOUNT PROFILE FORM

COMPANY NAME: _____ DATE: _____

DBA: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ AFTER HOURS PHONE: _____

EMAIL: _____ FAX: _____

AUTHORIZED BUYER: _____ PHONE: _____

EMAIL: _____

AUTHORIZED BUYER: _____ PHONE: _____

EMAIL: _____

PREFERRED SHIPPING

COMPANY: _____ ACCT# _____ SHIP DAY _____

COMPANY: _____ ACCT# _____ SHIP DAY _____

FedEx # _____ Hold for p/u address _____

INVOICES

EMAIL: _____ FAX _____

MEDIA

FACEBOOK ___ TWITTER ___ INSTAGRAM ___ PINTEREST ___ YOUTUBE ___ TUMBLR ___ LINKEDIN ___

SPECIAL NOTES: