



New Customer Information

Company Name

New Ideal Customer #

Phone

Fax

Billing Address

Ship To (If Different From Billing)

Email

Type Of Business

Tax Exempt

Yes

No

A | P Contract

Decision Maker

Ideal Sales Representative

Initial Order (Check All that Apply)

Print

Copy Center

Ad Spec

Approximate \$ Amount

Frequency Of Orders

Estimated Annual \$

Other

Date

Entered By
