

HEADQUARTERS
P.O. BOX 338
446 N. CECIL ST.
BONDUEL, WI 54107

PHONE: 800-874-3334
FAX: 888-793-4455



DATE: _____
SALES REP: _____
HOW CUSTOMER LOCATED US: _____
EMAIL: _____
AD: _____
PHONE: _____
OTHER: _____

CUSTOMER ACCOUNT PROFILE

(REQUIRED FOR ACCOUNT CHANGES AND WITH CREDIT APPLICATIONS)

COMPANY NAME

ADDRESS

P.O. BOX

CITY **ST** **ZIP**

CURRENT CREDIT STATUS

PHONE #

WEBSITE

FAX #

CURRENT CONTACTS

OWNER/MANAGER/CEO

PHONE - DIRECT LINE **EMAIL ADDRESS**

ACCOUNTS PAYABLE/CREDIT MANAGER

PHONE - DIRECT LINE **EMAIL ADDRESS**

PROJECT MANAGER

PHONE - DIRECT LINE **EMAIL ADDRESS**

PURCHASING CONTACT

PHONE - DIRECT LINE **EMAIL ADDRESS**

ESTIMATOR

PHONE - DIRECT LINE **EMAIL ADDRESS**

OUTSOURCING CONTACT

PHONE - DIRECT LINE **EMAIL ADDRESS**

BUSINESS PROFILE

\$ _____
COMPANY SALES

\$ _____
OUTSOURCING DOLLARS

\$ _____
INSTALL & SERVICE DOLLARS

OF EMPLOYEES

SALES PERSONNEL

SERVICE PERSONNEL **# PROD. PERSONNEL**

OUTSOURCING: CHECK BY PRODUCT CATEGORY

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> EXTRUSION SIGN CABINETS | <input type="checkbox"/> CUSTOM SIGN CABINETS | <input type="checkbox"/> PAN FACES | <input type="checkbox"/> RIGID FACES |
| <input type="checkbox"/> FLEXIBLE FACES | <input type="checkbox"/> DIGITAL PRINTS | <input type="checkbox"/> CHANNEL LETTERS | <input type="checkbox"/> PRICE CHANGE UNITS |
| <input type="checkbox"/> OTHER(LIST) _____ | | | |
| <input type="checkbox"/> OUTSOURCE COMPETITION(LIST) _____ | | | |

ORDER & PAYMENT HISTORY REVIEW by sales rep

SALES REP NOTES : (Indicate recent history of our sales, potential future outsource business and how Sign Company is managed, etc.)

NEEDED INFORMATION

- Sales Person personal notes on customer and how was contact made (*WSA, customer contacted us, Sales person initiated*)
- Complete and detailed customer profile (*sales person calls/meets with the customer and asks the questions on the sheet and completes form – customer does not complete this form*).
- Email address of Accounts Payable and AP contact
- name. Web Address of customer
- Industry Type
- Quoting/purchasing
- Contact Shipping Contact
- Sales Person requests account in his/her name. Email Henry and Mike for approval. cc: Lil
- Determine account type for market segmentation (check all appropriate boxes):**
 - (1) No manufacturing done in-house – We are their manufacturing department
 - (2) Manufactures in-house – We are an extension of their manufacturing department
 - (3) Broker, Project Manager, Designer, National Account Sign Co – National Account Programwork