

New Customer Questionnaire

Short History of the Company – years in business, ownership changes, # of employees, key products manufactured / sold, etc...

Primary Wholesale Business Classification: Check Option Below

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Fleet |
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Repair Shop |

Key Personnel:

Owner(s): _____
Purchasing: _____
Receiving: _____

PO Requirements – How do you want us to handle PO numbers? Check Option Below

- PO # Always Required – use from PO sent or ask during call
 Use Purchaser Name
 Other _____

Invoice Receipt Method: Check Desired Option(s) Below

- Include with shipment
 Email after each day in addition to with shipment
 Fax after each day in addition to with shipment

People who may charge to the account:

_____	_____
_____	_____
_____	_____

How did you hear about PaulB Wholesale: Check Option Below

- | | |
|---|--|
| <input type="checkbox"/> Web Search | <input type="checkbox"/> Advertisement in: _____ |
| <input type="checkbox"/> Sales Visit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Referral from: _____ | |

List of Products you are interested in receiving more information on:

Detailed Delivery Instructions:

Where should product be dropped: _____

Verify exact "ship to" address: _____

Special street directions to find the location: _____
