

Volterra Architectural Products

Customer Profile

Company Name: _____

Office Number: _____ Fax Number: _____

Billing Address: _____

_____ City: _____ State: ___ Zip: _____

Shipping Address: _____

_____ City: _____ State: ___ Zip: _____

DBA: _____ Subsidiary: _____

Main Branch Location: _____ Number of Locations: _____

Type of Business: _____

Are you: (Check One) Distributor Dealer Retailer Design Center

Designer Builder Architect Sub-Contractor

Years In Business: _____ Years At Current Location: _____

Accounts Payable Contact: _____ Contact Number: _____

Payment Terms: _____ Do you require Purchase Orders? _____

Shipping Preferences: UPS Account # _____ Fed Ex Account # _____

Other Shipping: _____

Federal ID #: _____ Tax ID #: _____ License #: _____

Estimated Monthly Purchases: _____

Number of Sales Personnel: _____

Do you have a showroom or display area? _____ Approximate Size: _____

Do you have a warehouse? _____ Approximate Size: _____

Do you have a loading dock? _____ Do you have a forklift? _____

How did you hear about our company? Internet Mailer Referral (Company) _____

Sales Call (Sales Person) _____ Trade Show (Show) _____

Sign: _____ Print Name: _____

Title: _____ Date: _____