



Client Information Sheet

Fax Completed Form To: 302.656.2929

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Birthday (mm/dd):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Office Manager Name:** \_\_\_\_\_

**Bill To Address:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address to Send Invoices:** \_\_\_\_\_

**Ship To Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Sales Rep:** \_\_\_\_\_

**Additional information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office use only:

**Client ID:** \_\_\_\_\_

**Price level:** \_\_\_\_\_

Entered in Peachtree

Referral acknowledgement sent

CC: Sales Rep