



Customer Information Sheet

Complete this form and email it to sales@firstlinetech.com (or fax to 703-955-7540).

Customer Information

Company/Agency Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Toll Free Phone: _____ Fax: _____

If located in CA, please list your CA tax ID number: _____

Billing Address

Name (if different from above): _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Preferred Invoice Method: email: _____ fax: _____ mail (using address above)

Shipping Address

Address: _____ Loading Dock Available: Yes No

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Times Open: _____ Email: _____

Key Contacts

Technical Contact: _____ Title: _____

Phone: _____ Email: _____

Accounting Contact: _____ Title: _____

Phone: _____ Email: _____

Sales Contact: _____ Title: _____

Phone: _____ Email: _____

Alternate Contact: _____ Title: _____

Phone: _____ Email: _____

Other Contact: _____ Title: _____

Phone: _____ Email: _____

General Information (Please answer all questions)

Customer Type: Individual Company Government Agency Other

Briefly describe company/agency's primary endeavors: _____

How did you first hear about First Line Technology? _____

May we contact you by email with a customer review survey? Yes No Best Email: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received: _____	
Customer Number: _____	
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Rev 1_06032013