

NEW CUSTOMER INFORMATION FORM

Date: _____

PRIMARY CUSTOMER INFORMATION

Customer / Company Name: _____

Primary Contact Name: _____

Title: _____

Phone: _____ Mobile: _____

Email: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

CUSTOMER TYPE

Residential Builder

Commercial Contractor

Municipal Contractor

Developer

Homeowner

Subcontractor

Government

Other: _____

OPERATIONS PROFILE

Estimated Monthly Concrete Usage: _____

Typical PSI Ordered: _____

Primary Service Areas: _____

Preferred Order Method: Call Text Email Online

Preferred Billing Method: COD Credit Account Card ACH

Special Requirements: _____

SALES TRACKING

Lead Source: Referral Facebook Website Sales Rep Cold Call Other

Assigned Sales Representative: _____

Preferred Plant Locations: _____

Dispatch Notes: _____

CUSTOMER AUTHORIZATION

I certify the information provided is accurate for customer setup purposes.

Signature: _____

Print Name: _____

Date: _____