CUSTOM TieDowns

ACCOUNT APPLICATION QUESTIONNAIRE

Company Name: _____

Street Address: _____

City: _____   State: _____   Zip: _____

Contact Name:_____   Title: _____

Phone: _____   Fax: _____

Email: _____

Business Website: _____   Do you publish a Catalog: Y or N

Owner / Principal / Parent Company: _____

Number or Employees: _____   Annual Revenue: _____   Years in Business: _____

Describe your primary business:

Please list any other branches or locations where product may be order and or shipped:

What CustomTieDowns products are you primarily interested in?

What are your primary markets for sales? (example, Government, Construction, Retail):

CustomTieDowns Internal Use Only

Reviewing Manager: _____   Date: _____

Approved PL: _____   Territory: _____   Customer Type: _____

Note:_____