

CUSTOMER PROFILE

Date: _____

Legal Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Delivery Address: _____ City: _____ State: _____ Zip: _____
 Phone No: _____ Fax No: _____ Cell No: _____
 Corporation LLC Partnership Sole Proprietorship Government Other
 Federal ID No: _____ State Tax Exempt No: _____
 Nature of Business: _____ Date Business Established: _____
 No. of Employees: _____ Monthly Credit Line Requested: \$ _____ Building/Facility: own lease
 Mortgageholder/Landlord: _____ Address: _____

Officers: President: _____ Vice Pres.: _____
 E-mail: _____ E-mail: _____
 Controller: _____ Accts Payable: _____ Purchasing: _____
 E-mail: _____

Owner(s) Name(s)	Soc. Sec. #	Home Address	Home Phone No.

Bank Reference	Address	Account No.	Phone No.	Fax No.

Trade References	Phone No.	Fax No.

Delivery Days (circle): M T W Th F Receiving Hours: _____
 Special instructions: _____

I certify that the above information is accurate and permission is granted to my bank and vendors to release credit information to Johnson Supply Company, Inc.

 Authorized Signature

