



Customer Information Form

Date: _____

Contact Information

Business name: _____

Business address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax #: _____

Email: _____

Company web address: _____

Principal contact name: _____ Title: _____

Principal contact's email: _____

How did you learn about TrickShot?	Contacted by Sales Team	Trade Show	Retail Location
	Website	Facebook	Twitter
			Other

Name of sales associate, store or website: _____

Business Background

Type of Business: Dealer Distributor End User

Other (specify) _____

Products/services you currently offer: _____

Number of years in business: _____ Number of locations: _____

Number of employees in sales: _____

Yearly revenue in US dollars: _____

Your target market for distributing Trick Shot (countries/cities): _____

Please tell us briefly how you plan to promote and sell TrickShot: _____

Authorized Signature: _____