

COMPANY NAME HERE

**New Account/Profile Form**

COMPANY NAME HERE is committed to providing quality services and products to our customers. Please complete the top section of this form so we may accommodate your needs.

**To be completed by Customer**

Customer Name \_\_\_\_\_ DBA \_\_\_\_\_ N/A \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_ Years in Business 2.5 County \_\_\_\_\_

*If you are tax exempt by law, please include a copy of your exemption certificate for our records*

Does your company require P.O. # referenced on invoices for payment?  YES  
 If yes, please include PO# and PO expiration date: New PO will be sent for each order

*Is there any other information that XYZ Company can provide your company with to expedite payment?* Yes   
 (please supply detail information if the above is answered yes)

**WEB ADMINISTRATOR INFORMATION (to be used if customer is planning on placing service calls via ESP)**

Name NA Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**To be completed by COMPANY NAME HERE Sales Representative**

Sales Rep \_\_\_\_\_  Check this box if all of the above information and/or instructions are the same as previously handled.

Service Type - Maintenance  T & M

Deal Pending? # \_\_\_\_\_ Credit Requested \_\_\_\_\_ Dept \_\_\_\_\_

**Service Level to be Provided to Customer:**

If there are multiple service levels on one contract, please review that information with Contract Administration

Response Time \_\_\_\_\_ Time of Day Coverage Starts \_\_\_\_\_

On-Site Hours \_\_\_\_\_ Hours per Day of Coverage \_\_\_\_\_

Restore Hours \_\_\_\_\_ # Days/Week of Coverage \_\_\_\_\_

Primary Engineer \_\_\_\_\_ Secondary Engineer \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**To be completed by COMPANY NAME HERE Accounting Department**

Account Number: \_\_\_\_\_ Date Submitted     /     /    

Credit Initials: \_\_\_\_\_

Credit limit issued \_\_\_\_\_ Entered by: \_\_\_\_\_

*Please allow 1 full business day for approval*