

New Customer Profile Form

Please complete this brief profile form so we may serve you better.

PRIMARY CUSTOMER CONTACT		
Customer Company Name:	_____	
Sales/Rep Contact:	_____	
Address:	_____	
City:	_____	
Phone:	_____	Email: _____
PURCHASING CONTACT		
Contact Name:	_____	Phone: _____ Ext: _____
Title:	_____	Email: _____
BILLING CONTACT		
Accounting Contact Name:	_____	Phone: _____ Ext: _____
Title:	_____	Email: _____
BILLING INSTRUCTIONS - Check preferred method of receiving Invoices		
<input type="checkbox"/>	Email (email address)	_____
<input type="checkbox"/>	Mail (billing address)	_____
** For Portal billing need all contact information.		
<input type="checkbox"/>	Portal	Contact Name: _____
		Phone: _____ Ext: _____
<input type="checkbox"/>	Other:	Contact Name: _____
		Phone: _____ Ext: _____
Completed By:		
Name:	_____	Date: _____
Phone:	_____	Ext: _____

Please return completed form to: virginia.martinez@vrl.net

Account information submitted on this form will remain confidential and be used for the sole purpose of communicating with you.

Thank You! We appreciate your business!