

# CUSTOMER PROFILE

To purchase a product or to receive additional information from our customer service department please print and fax this completed form to (214) 333-3267, our fax line is conveniently available 24 hours a day. If you require any additional information or special requests please indicate that on the comment section of this form.

All fields indicated with an asterisk (\*) must be completed.

Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Company Name \_\_\_\_\_  
Ship to address \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Phone Numbers \*

Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_  
Home: \_\_\_\_\_ Web: \_\_\_\_\_

## Type of Business \*

Cabinet Shop: \_\_\_\_\_ Remodeler: \_\_\_\_\_  
Gen. Contractor \_\_\_\_\_ Builder: \_\_\_\_\_  
Furniture MFG: \_\_\_\_\_ Comm/Mill: \_\_\_\_\_  
Home Owner: \_\_\_\_\_ Handyman: \_\_\_\_\_  
Other: \_\_\_\_\_

## Profile

Years in Business: \_\_\_\_\_ Shop Size: \_\_\_\_\_  
No. Of Employees: \_\_\_\_\_  
Volume \_\_\_\_\_  
(# of Kitchens/Mth. # of Doors/Wrk)  
Door Source: \_\_\_\_\_ Make Own: \_\_\_\_\_ Buy : \_\_\_\_\_  
Who have you bought from: \_\_\_\_\_  
Pro's / Con's: \_\_\_\_\_  
Why Changing: \_\_\_\_\_

## References

Trade Reference: \_\_\_\_\_  
Vender Reference: \_\_\_\_\_  
Bank Reference: \_\_\_\_\_

## Comments

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_