

ACCT#: _____

NEW ACCOUNT INFO SHEET

JOB INFO

DOS: _____

Name: _____

Attention: _____

Service Address: _____

On Site Contact: _____

Phone#: _____ Fax#: _____

Email: _____

Sales Person: _____ Service Days: _____

Market Segment: _____

PO# (if any): _____ County: _____

BILLING INFO (if different)

Name: _____

Billing Address: _____

Billing Contact: _____

Phone#: _____ Fax#: _____

Email: _____

Terms: 15 30 45 60 Other: _____

Type: Carpets Floors Day Porter Janitorial Tag Services
Multi Services Parking Lot Window Washing

Supervisor: _____

Area: _____