

FORM NEW CUSTOMERS

GENERAL DATA

Channel of Business

Sub-Distributor Retailer Online Reseller VAR (Value Added Reseller) DMR (Direct Market Reseller)

Legal Name: _____

Corporate Address:

City State Zip Code

Shipping Address:

Same as corporate address

City State Zip Code

CONTACT INFORMATION

Contact Purchases and / or sales:

Name Last Name

E-mail Phone Number

Contact Store

Name Last Name

E-mail Phone Number

Payments Contact

Name Last Name

E-mail Phone Number

Trade References: _____

BUSINESS PLAN

How many POS do you have? _____

Customer Features: _____

What volume of parts required and in what periods?

· Products you buy regularly

For example: Car charger, protective cover, films.

How do we contact? _____

Who visited or contacted you?

Have you previously worked with EDGESTAR? ¿When?

What kind of products are you interested?

Did you visit our website? Yes No

What do you think? _____

Legal Representative

www.edgestar.com.mx



Full Name and Signature