



New Customer Contact Information Sheet

¹Checked for prior GAP History – Yes or No (circle one)

Business Data

Company Name: _____ Date Formed: _____ Inc. Yes or No
Business Address: _____
Ship Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Principal: Pres/Mgr./Owner _____
Parts Manger: _____ Assistant: _____
How did you hear of GAP? _____
Comments: _____
State Tax Number _____ Federal Tax Number: _____

Banking Information

Bank Name: _____
Account Numbers: _____
Phone Number _____ Banked Since: _____
Contact Name: _____

Type of Business

Percent Mercedes _____% Percent BMW: _____% Percent Other _____%
Parts Dollars Purchased per Month: \$ _____ (Wholesale) Accessories Stocked Yes ___ No ___
Current Suppliers: First _____ Second _____ Third _____

Size of Business

Number of Technicians: MB _____ BMW _____ Number of Bays: _____ Square Feet _____

Customer Category (Circle One)

#1 = Large Dealer #4 = Small Independent #7 = Conversion Shop
#2 = Small Dealer #5 = Non Stocking Independent #8 = Body Shop
#3 = Large Independent #6 = Jobber #9 = Other (Explain)

General Information

Best time to call: _____ AM _____ PM How often to call: _____ Day _____ Week
Ship Via: UPS _____ AMS _____ Pickup _____ Other _____
Preferred Freight Line _____

Approved to sell (date): _____ Sales Mgr. Initials: _____ Account Number Assigned: _____ Salesman Assigned to: _____ Customer Type: _____ Pricing Code: _____ Specials: Yes No Terms C.O.D. _____ Cash: _____ Charge: _____ Company Check: _____
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¹ Check for Company and Principals names – **hint the only correct answer will be Yes!**