

Client Profile

1. Name: _____

2. Personal Address: _____

3. Personal Phone Numbers:

Home: _____

Cell: _____

Fax: _____

4. Corporate Name & Home Office Address:

5. Home Office Phone Number: _____

6. Internal Wholesaler Name: _____

Direct Phone Number: _____

7. Literate Line Phone Number: _____

Contact Person (if applicable): _____

8. Do you have a corporate telephone card for long distance? **Yes or No ?**

If **yes**, do you want us to use it for your long distance or would you prefer us to bill you at our long distance rate of 10¢ per minute?

(Card number: _____)

9 Credit card type and number for corporate expenses:

10. Do you have a corporate travel agent or an established relationship you would prefer we use to coordinate your travels? **Yes or No ?**

If **yes**, please complete: name, address and phone number:

Name: _____

Address: _____

Phone: _____

11. Do you have; a premium gift list? **Yes or No ?**

If **yes**, please send us a copy of the list.

12. Do you have personalized stationary or note cards? **Yes or No ?**

If **yes**, please send us a supply of approximately 200 to start.

13. Do you use ACT! as a data base tracking system? **Yes or No ?**

If **yes**, provide the information requested on the

Key Account / Preferred Vendor Contact Lists.

Please return completed form with check or money order (please, no cash) to:

ExecuServe
905 N. Main Street
Summerville, SC 29483

Key Contact List

	City	Firm Name	Contact Name	Phone #	Time of Meeting
1					
2					
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