



CUSTOMER SUMMARY

COMPANY NAME: _____ **DATE:** _____

DBA: _____ **CONTACT:** _____

ADDRESS: _____

RESALE NUMBER (CA): _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

TYPE OF BUSINESS: _____

YEARS IN BUSINESS: _____ **HOURS OF OPERATION:** _____

MARKET TYPE:

- | | |
|--|---|
| <input type="checkbox"/> BEDDING/PILLOWS | <input type="checkbox"/> CONTRACT/DESIGN |
| <input type="checkbox"/> DRAPERY WORKROOM | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> FURNITURE MANUFACTURER | <input type="checkbox"/> TRADE SHOWROOM |
| <input type="checkbox"/> INTERIOR DESIGNER | <input type="checkbox"/> FABRIC RETAILER |
| <input type="checkbox"/> FABRIC JOBBER | <input type="checkbox"/> OTHER: _____ |

MAIN FABRIC SUPPLIER: _____

DOES CUSTOMER IMPORT FABRIC: _____ **FROM WHERE:** _____

CURRENT SILK SUPPLIER: _____ **SILK PRICE POINT:** _____

REMARKS/COMMENTS: _____

COMPLETED BY: _____