



OFFICE USE ONLY:	
DATE:	_____
ACCOUNT NUMBER(S):	_____
SALESPERSON:	_____

CLIENT DATA SHEET

(Your company's reference sheet will be accepted in lieu of this form.)

PRONTO DELIVERY
(Box trucks, flat beds, etc.)

PRONTO COURIER
(Cargo vans, pickup trucks, etc.)

Company Name: _____

Contact Name: _____

Contact Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office Hours: _____ Lunch: _____

Shipping/Receiving Hours: _____ Lunch: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

A/P Contact: _____

A/P Phone or Email: _____

Are bills paid out of state/town? Yes No

If yes, please provide name & phone for contact:

Special billing Requirements such as Bill of Lading, Purchase Order Number.

Billing Preference: Email Invoice* Normal Invoice Invoice with automatic credit card deduction.

*Email Address: _____

*We will contact your A/P department.

Check One: Corporation LLC Sole Proprietor
 Partnership LLP Other

Taxpayer Identification: SS# _____ - _____ - _____ Tax ID# _____ - _____

Principal Officer: _____ Title: _____

Type of Business? _____ How Long? _____

How did you hear about Pronto?

Would you like a salesperson to contact you? Yes No