



OFFICE USE ONLY:

DATE: \_\_\_\_\_

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

Would you like to be set up for online order entry?  Yes  No

If yes, email address is required.