



## SALES LEAD REFERRAL FORM

DATE:

SUBMITTED BY:

COMPANY NAME:	
ACCOUNT # (IF APPLICABLE):	
AKA / DBA (GO BY ANY OTHER NAMES?):	
ADDRESS:	
COMPANY PH #:	
ALT PH # / CELL PH #:	
FAX #:	
EMAIL ADDRESS:	
CONTACT NAME:	

### HOW DID YOU HEAR ABOUT EDI EXPRESS?

- ☐ INTERNET    ☐ BROCHURE    ☐ NOTICED DRIVER IN TRAFFIC / ON DUTY
- ☐ NEWSPAPER / MAGAZINE AD    ☐ EDI PROMOTIONAL ITEM    ☐ WORD OF MOUTH
- ☐ REFERRAL FROM EXISTING CLIENT    ☐ OTHER (PLEASE EXPLAIN):

NAME OF THE EXISTING CLIENT THAT REFERENCED YOU:  
(COMPANY NAME ONLY)

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ARE YOU A 3PL (3<sup>RD</sup> PARTY LOGISTIC)?    ☐ YES    ☐ NO

HAVE YOU EVER DONE BUSINESS WITH EDI EXPRESS BEFORE?    ☐ YES    ☐ NO

IF YES, PLEASE PROVIDE TRACKING/ ACCT #:

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ADDITIONAL COMMENTS


### EDI SALES PERSONNEL ONLY:

ACCOUNT LEAD PROVIDED TO:	
DATE:	
ACCOUNT LEAD PROVIDED BY:	

FAX TO: (424) 354-8713 / EMAIL TO: [MARKETING@EDIEXPRESSINC.COM](mailto:MARKETING@EDIEXPRESSINC.COM)