**Business Customer Demographic**

 **Company Information**

* **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Business Size (Employees):
☐ 1-10
☐ 11-50
☐ 51-200
☐ 201+**

**Contact Information**

* **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Needs & Preferences**

* **What type of products/services does your business primarily purchase?
☐ Office Supplies
☐ Technology
☐ Marketing Services
☐ Consulting
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Frequency of Purchases:
☐ Weekly
☐ Monthly
☐ Quarterly**
* **Preferred Payment Method:
☐ Credit Card
☐ Bank Transfer
☐ Net 30**

**Customer Feedback**

| **Question** | **Response** |
| --- | --- |
| **How did you hear about us?** |  |
| **Areas for improvement?** |  |
| **Budget for annual purchases?** |  |
| **Preferred delivery method?** |  |

**Consent for Business Updates
☐ Yes, send me updates and promotions
☐ No, thank you**

**Signature of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**