

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: _____