

Business Customer Registration Form

Business Details

Business Name: _____

Business Type: Sole Proprietorship Partnership Corporation

Other: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Number: _____

Email Address: _____

Website (if applicable): _____

Contact Person Information

Full Name: _____

Designation: _____

Phone Number: _____

Email Address: _____

Section 3: Services/Products Required

Consultation Services

Product Supply

Maintenance Services

Other: _____

Business Preferences

Preferred Communication Method:

Phone

Email

In-person Meetings

Payment Preference:

Credit Card

Bank Transfer

[] Cash

Expected Monthly Spend: _____

Acknowledgment

By signing, I confirm that the above information is accurate and authorize contact as per the provided details.

Signature: _____ **Date:** _____