**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**