



# CUSTOMER PROFILE SHEET

<b>Company:</b> _____		<b>Website:</b> _____
<b>Date:</b> _____ <small>MM/DD/YYYY</small>	<b>Rep:</b> _____	
<b>Billing Address:</b> _____		<b>Shipping Address:</b> _____
<b>Telephone:</b> _____		<b>Fax:</b> _____

## CONTACTS

<b>Owner:</b> _____ <small>(Name) (Phone Ext)</small>	<b>Accounting:</b> _____ <small>(Name) (Phone Ext)</small>
<b>E-Mail:</b> _____	<b>E-Mail:</b> _____ <small>(AP Fax)</small>
<b>Purchasing:</b> _____ <small>(Name) (Phone Ext)</small>	<b>Advertising:</b> _____ <small>(Name) (Phone Ext)</small>
<b>E-Mail:</b> _____	<b>E-Mail:</b> _____

## SALES INFORMATION

**Annual Sales:**  
 0 - \$500,000   
 \$500,001 - \$1,000,000   
 \$1,000,001 - \$5,000,000   
 \$5,000,001 - \$25,000,000   
 \$25,000,001 +

**First Year of Projected sales of XS Power:**  
 under \$5,000   
 \$5,000 - \$10,000   
 \$10,000 - \$20,000   
 \$20,000 - \$50,000   
 \$50,000 +

**Is the customer a member of a buying group?**  Yes  No **If yes, who? :** \_\_\_\_\_

**Is customer currently buying XS Power?**  Yes  No **If yes, where? :** \_\_\_\_\_

**Are we replacing a competitive line?**  Yes  No **If yes, who? :** \_\_\_\_\_

**What competitive lines will the customer maintain? :** \_\_\_\_\_

## MARKETS SERVICED

(Check as many as apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Audio	<input type="checkbox"/> Marine	<input type="checkbox"/> Power Sports	<input type="checkbox"/> Commercial
<input type="checkbox"/> Emergency	<input type="checkbox"/> Military	<input type="checkbox"/> Off-Road	<b>Other:</b> _____	

## Comments

**(Any additional comments; i.e. age of company, multiple locations)** \_\_\_\_\_

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