



Customer Information Sheet

Business Name: _____

Business Owner: _____

Type of Business: _____

Contact Person: _____

Physical Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Referred By: _____

Business Phone Number: _____ Mobile Phone Number: _____

Fax Number: _____ E-mail Address: _____

Accounts Payable Contact: _____

Persons who can authorize work:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Intro Rate: _____

Minimum of one hour, then in increments of 1/2 hour on regular service calls

Hourly Rate: _____

Minimum of two hours, then in increments of 1/2 hour for weekends, holidays and before and after normal business hours of 8am-5pm weekdays

Emergency Rate: _____

Signature: _____ Date: _____

By your signature above you acknowledge our hourly rate of work

Sales Rep: _____

*This information is for our records only.
Please fill out form and fax to Plus IT Consulting at 209-465-4695
or send via E-mail to accounting@plusitconsulting.com*

Thank You!
We look forward to doing business with you.