

**171 East Hollis Street
Nashua, NH 03060**

**875 Page Street
Manchester, NH 03104**

Interviewed By _____

Account # _____

Date _____

Date Opened _____

Opened By _____

CUSTOMER PROFILE

Company Name _____

Address _____ City _____ State/Zip _____

Your Name _____ Position/Title _____

Company Owner's Name _____

Sales Contact Name _____ Estimators Name _____

Phone # _____ Cell # _____ Fax # _____

How did you hear about Total Air Supply? _____

What will you be looking to purchase from us? _____

Who do you currently purchase from? _____

Why? _____

Previous Employer (if applicable) _____

BUSINESS PROFILE

How long has the company been in business? _____

Estimated annual purchases: _____ Estimate percentage of business:

Residential	_____ %	Gas	_____ %
Commercial	_____ %	Oil	_____ %
Retro	_____ %		100%
Service	_____ %		100%

Are you EPA certified? YES NO License # _____ (provide copies)

Are you gas licensed? YES NO License # _____ (provide copies)

What current line of equipment do you install? _____

Do you buy and install square commercial duct? _____

Do you buy and install spiral pipe? _____

Who is your current supplier of shopwork? _____

****** OFFICE USE ONLY ******

Manchester Store

Hours of Operation

Delivery Options, to their shop, job site

24 hour fax line

Add to our mailing list? ___ YES ___ NO

Add to our e-mail list? ___ YES ___ NO