

Legal Company Name: _____

Other Names: _____

Address: _____

Main Phone: _____ Main Fax: _____

Email Address: _____

BUSINESS INFORMATION

All information provided to Flagship Promotional Services will be kept in the strictest confidence.

Check One: () Corporation (State Incorporated: _____) Legal Corporate Name: _____

() Partnership () Proprietorship

Years in Business: _____ D&B: _____

President/CEO/Owner: _____ Email: _____

Office Manager: _____ Email: _____

A/P Manager: _____ Email: _____

Number of Office Staff: _____

Number of Sales Staff: _____

Provide:

Sales 2009: _____ # of Orders _____ Average \$ Size _____ Largest \$ Order _____

Sales 2008: _____

Sales 2007: _____

Please provide current Aging A/R and Aging A/P. Currently using ASI ProfitMaker? () Yes () No

INDUSTRY TRADE REFERENCES

Reference 1: _____

Contact: _____

Phone: _____

Fax: _____

Account #: _____

Reference 2: _____

Contact: _____

Phone: _____

Fax: _____

Account #: _____

Reference 3: _____

Contact: _____

Phone: _____

Fax: _____

Account #: _____

Reference 4: _____

Contact: _____

Phone: _____

Fax: _____

Account #: _____

The above information is given for the purpose of becoming a member of the Flagship Promotional Services, LLC Alliance and is warranted to be true. We hereby authorize Flagship Promotional Services, LLC to investigate the references listed.

Firm Name: _____

By: _____ Title: _____ Date: _____

(Signature of President or Principal)