FIRST TIME CUSTOMER QUESTIONNIARE

Company Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Website Address: _____

Service Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Current Telephone System: _____ **Total Incoming Lines:** _____

Total Number of Telephones: _____ **Current Voice Mail System:** _____

Current Vendor: _____ **Estimated Installation Date:** _____

Type of Payment: **Cash ☐** ***Credit ☐** **(complete attached form)** **P.O. Required ☐**

Existing Account: _____

Customer Signature: _____ **Date:** _____

By signing this, I have received a copy of Falcon's current price sheet and agree to the rates and terms.

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