

MBCI CUSTOMER DATA SHEET

 Complete one sheet for all brands. Submit completed data sheet in *Excel format* to your SALES REP.

ACTION TO BE TAKEN: CHOOSE ONE
SECTION A: CORPORATE (SOLD TO) LOCATION

Company Legal Name (As shown on Secretary of State) _____ DBA _____

Store # _____

Address _____

City _____ County _____ State _____ Zip Code _____ Country _____

Contact _____ Phone _____ FAX _____

Is this account taxable?

Is this address the showroom location?

Is this address the shipping location?

SECTION C: CONTACTS

**** If accounts are multi-branding this information will be carried across all brands ****

Invoicing:

Preferred Method

Name: _____ Fax: _____ Email _____

Acknowledgments:

Preferred Method

Name: _____ Fax: _____ Email _____

SECTION D: LOGISTICS (APPLIES TO THE SHIPPING LOCATION ONLY)

Delivery Information: *Delivery information may vary by brand

Preferred Method

Name: _____ Fax: _____ Email _____

Carrier Contact:
 This is the person and phone number the carrier should CALL to schedule the delivery.

Primary Name: _____ Phone: _____

Secondary Name: _____ Phone: _____

Can the shipping location receive a 53' trailer? Yes

Does this account want to receive a call in advance before delivery?

Are you able to meet MBCI minimum receiving hours of 32 hours and 4 days a week?

RECEIVING HOURS	MON	TUE	WED	THU	FRI
OPEN					
CLOSE					

RECEIVING HOURS INCLUDE UNLOADING TIME

Carrier Notes: _____

Instructions for Carrier _____

SECTION E: SHIPPING LOCATION(S)

Company Legal Name _____ DBA _____

Store # _____

Address _____

City _____ County _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ Email _____

If different delivery info from above, please note below in Section G: SPECIAL INSTRUCTIONS

Company Legal Name _____ DBA _____

Store # _____

Address _____

City _____ County _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ Email _____

SECTION F: SHOWROOM LOCATION

Company Legal Name _____ DBA _____

Address _____

City _____ County _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ Email for Dealer Locator Leads _____

SECTION G: SPECIAL INSTRUCTIONS
