

**New Customer Development Form
Midwest Supply and Maintenance Co.**

Date: _____

Customer Information

Company Name: _____ Contact: _____

Company Address: _____ Department: _____

Phone: _____ Fax: _____

City/State: _____ Zip: _____ MW Associate: _____

Referred by: _____ email: _____ Website: _____

Building Information:

Type of Business:

Retail General Office Automotive Medical Industrial Management Co. Other: _____

Approximate square footage: Office: _____ Warehouse: _____

Description of building: _____ **ف** Unknown time of first contact

Lead Origination: _____

Target Services: Absorbents Janitorial Windows Clean air Building Mgt General Contracting General Maintenance
 Flooring/Epoxy Other : _____

Notes:

- Letter of Introduction Immediate phone contact
- Associate commission lead – route to payroll when completed

Sign off by Executive VP Sales: _____ **Date:** _____

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