



NEW CUSTOMER INFORMATION FORM

Updated February 2021

PRINCIPAL(s) INFORMATION

Owner/Partner/Officer Name: _____ % Ownership: _____

Complete Home Address: (Optional)

Owner/Partner/Officer Name: _____ % Ownership: _____

Complete Home Address: (Optional)

Please include copy of State Driver's License for all principals. List any additional principals on a separate sheet.

Employee Contact Information

Primary Contact

Full Name: _____

Primary Contact Title: _____

Primary Contact Mobile #: _____

Primary Contact Email: _____

*Primary Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

Additional Contact

Full Name: _____

Contact Title: _____

Contact Mobile #: _____

Contact Email: _____

*Contact Birthday (month/day): _____

Authorized Purchaser? Yes No

**Birthday for phone verification purposes only. Birth year not required. List additional contacts on a separate sheet.*



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Company Profile

Which of the following does your company offer? (Check all that apply)

- Burglar Alarm
 Fire Alarm
 Video Surveillance
 Access Control
 Cabling and Infrastructure
 Audio Video / Automation
 Central Vacuum
 Locksmith Services
 Computer Networking / IT Services

Other (Please Specify) _____

What is your current average monthly equipment purchasing level? (Check One)

- Under 1K
 1K - 5K
 Over 10K
 Over 25K

Approximately how many new installations have you done in the past 12 months? (Check One)

- New Company
 1 - 3
 4 - 8
 9 - 19
 20 +
 50 +
 100 +
 Not Applicable

How did you find DWG? _____ What was your total annual revenue last year? _____

Please describe your business and what you offer:

What Associations are your company a member of?

What Licenses and Certificates does your company hold?

What Products/Brands from DWG are you currently most interested in?

What are your anticipated annual purchases from DWG? (in US dollars) _____

Please List all the brands that you currently use or have used in the past:

Please list all suppliers that you currently purchase from, or have in the past:

_____ Signature _____ Name (Print) _____ Title _____ Date