

EMAIL FORM

Customer Profile

Date: _____

Store Name: _____

Address: _____

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

Phone: _____ **Fax:** _____

Type of Store / Company: (check all that apply)

Fashion Gift / Tourist Footwear Fitness Sport Other _____

Clientele: Women's Men's Kids Infants

Single Location Local Chain Regional Chain National Chain

Mall Location Kiosk Catalog Internet

Other _____

Contact / Buyer: _____ **No. of years in business:** _____

Email: _____ **Number of locations:** _____

Website: _____ **Size of location(s):** _____

Tax ID#: _____ **Annual sales (approx):** _____

How did you hear about **Be As You Are**? _____

What brands do you carry? _____

Which **Be As You Are** products are you most interested in? _____

Additional information: _____

Sales Rep: