

Customer Profile

Please complete this form and return to address/fax shown below.

COMPANY INFORMATION	Company's legal name:			
	Physical Address	Street address:		
		City:	State:	Zip:
	Mailing Address	Street address: (if different than above)		
		City:	State:	Zip:
	Phone:	Alt. Phone:	Fax:	Web site:
	Type of business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Sole proprietorship			
	Year business established:		State of incorporation (if corp.):	
	Nature of business:			
	Principle officer	① Name:		Title:
② Name:		Title:		

CONTACT	Contact name:		Title:
	Contact phone: (if different than above)	Contact fax: (if different than above)	email:
	Alt. phone:	Alt. contact:	

Please explain in detail how your purchased data will be used. Provide us with any literature that may be mailed out, or a copy of the phone script which is used while contacting potential customers.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

Please return form to: Information Technologies Inc. 3405 Glendale Blvd #26 Los Angeles, CA 90039 Fax (800) 498-4946