



don rocheleau associates, inc.
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Customer Information Form

Section A			
Company Name:		Date:	
Address 1:		Rep Name:	
Address 2:		Buying Group:	
City:		Website:	
State:			
Zip:			
Phone:			
800#:			
Fax:			

Section B				
	Contact Name	Position	Phone	Email
1.				
2.				
3.				

Section C	
Preferred Freight Carrier:	
Account #:	
UPS Account #:	
FedEx Account #:	

Section D	
Notes:	

Please complete Sections A and B to request samples or a quotation. Please note in Section D specific part numbers you would like quoted or samples of. Fax form to DRA at (616)243-4157