



SALES LEAD REFERRAL FORM

DATE:	
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SUBMITTED BY:	
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COMPANY NAME:	
ACCOUNT # (IF APPLICABLE):	
AKA / DBA (GO BY ANY OTHER NAMES?):	
ADDRESS:	
COMPANY PH #:	
ALT PH # / CELL PH #:	
FAX #:	
EMAIL ADDRESS:	
CONTACT NAME:	

HOW DID YOU HEAR ABOUT EDI EXPRESS?

- INTERNET
 BROCHURE
 NOTICED DRIVER IN TRAFFIC / ON DUTY
 NEWSPAPER / MAGAZINE AD
 EDI PROMOTIONAL ITEM
 WORD OF MOUTH
 REFERRAL FROM EXISTING CLIENT
 OTHER (PLEASE EXPLAIN):

NAME OF THE EXISTING CLIENT THAT REFERENCED YOU:
 (COMPANY NAME ONLY)

ARE YOU A 3PL (3RD PARTY LOGISTIC)? YES NO

HAVE YOU EVER DONE BUSINESS WITH EDI EXPRESS BEFORE? YES NO

IF YES, PLEASE PROVIDE TRACKING/ ACCT #:

ADDITIONAL COMMENTS

EDI SALES PERSONNEL ONLY:

ACCOUNT LEAD PROVIDED TO:	
DATE:	
ACCOUNT LEAD PROVIDED BY:	