

NEW MEMBER PROFILE

(Please complete and fax to Square One Systems at 330-637-5267)

1. Shop name: _____

2. Contact person: _____

3. Is the contact person a: _____ Manager _____ Owner

_____ Other (please explain)

4. Location address: _____

5. Phone #: _____ Fax #: _____ Mobile #: _____

6. Email address: _____

5. How many locations: _____ Number of total employees: _____

6. Please list any organizations of which you are a member: _____

7. Total annual sales: _____

8. Paint brand: _____

9. Please list any computer software currently in place (management, estimating, accounting, etc.) _____

10. Production square footage: _____ Total under roof square footage: _____

11. How often do you produce a full financial statement (b/s & p/l):

_____ Monthly _____ Quarterly _____ Semi-annual _____ Annual

12. Special interests/hobbies: _____

13. Sponsor: _____

Signature

Date: