



## 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)

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### HAVE YOU EVER DONE BUSINESS WITH EDI EXPRESS BEFORE?

IF YES, PLEASE PROVIDE TRACKING NUMBER:

### EDI SALES PERSONNEL ONLY:

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

**FAX TO: (424) 233-3120**  
**EMAIL TO: [MARKETING@EDIXPMAIL.COM](mailto:MARKETING@EDIXPMAIL.COM)**