

Company Profile Sheet

1 - Company/Group Information

Organization responsible for Payment

Company/Group:	
Address:	
City/Town:	
State/Province::	
Country:	
Postal Code:	
Telephone:	
Fax:	
Website:	
Client Contact:	
Client E-mail:	
Billing Contact:	
Billing E-mail:	
Industry:	
Add'l Industry:	
Years in Business:	
Years at Location:	
Ownership:	
If Other, Specify	
Is Company Listed:	
Symbol:	

Complete to authorize agency to use
CSRwire on your behalf

2 - Agency Representation

Company/Group in (1) agrees to pay all invoices generated by Agency (2) on your behalf:	
Agency Name:	
Address:	
City/Town:	
State/Province:	
Country:	
Postal Code:	
Telephone:	
Agency E-Mail:	
Agency Contact:	

3 - Payment Information

For Profit: <input type="checkbox"/> Non-Profit: <input type="checkbox"/>	
Invoice Preference: Fax: <input type="checkbox"/> Mail: <input type="checkbox"/> E-mail: <input type="checkbox"/>	
Select credit card type:	
Credit Card Number:	
Exp. Date: :	
Name as it appears on card: :	
Cardholder Signature: _____	
<i>Print, Complete, and Fax to CSRwire at: +1 413.737.4357</i>	