



Custom Products, Corp.
P. O. Box 54091
Jackson, Ms 39288
www.cpcsigns.com
sales@cpcsigns.com

1-800-367-1492 Voice 1-601-932-5854
1-800-206-3444 Fax 1-601-932-7178

Business Name _____	Years In Business _____
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Mail To: Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	Ship To: Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____
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Phone: _____	Fax: _____	Website: _____
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	Name	Title	E-Mail
Primary Contact	First: _____ Last: _____		
Accounting Contact	First: _____ Last: _____		
Other Contacts (For Training, Catalogs, Etc.)	First: _____ Last: _____		
	First: _____ Last: _____		
	First: _____ Last: _____		
	First: _____ Last: _____		
	First: _____ Last: _____		

Nature Of Business: Please Check (✓) All That Apply & Circle The Primary.	
<input type="checkbox"/> Commercial Sign Shop <input type="checkbox"/> Commercial Sign Products Distributor <input type="checkbox"/> Temporary Traffic Control Company <input type="checkbox"/> Direct Sales To Road Contractors <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Sales To Municipalities <input type="checkbox"/> Striping Contractor <input type="checkbox"/> Guardrail Contractor <input type="checkbox"/> Highway Sign Installer <input type="checkbox"/> Other _____

Product Lines You Wish To Distribute: Please Check (✓) All That Apply.	
<input type="checkbox"/> Traffic Control Devices (All) <ul style="list-style-type: none"> <input type="checkbox"/> Traffic Signs <input type="checkbox"/> The Custom Street Name System <input type="checkbox"/> Posts - Brackets - Hardware <input type="checkbox"/> Incident Management <input type="checkbox"/> Pavement Markings <input type="checkbox"/> OSHA - Facility Signs 	<input type="checkbox"/> Construction Work Zone Signs (All) <ul style="list-style-type: none"> <input type="checkbox"/> CWZ Sign Stands <input type="checkbox"/> Hand Paddles <input type="checkbox"/> Custom Graphics <input type="checkbox"/> Sign Shop Supplies (All) <ul style="list-style-type: none"> <input type="checkbox"/> Roll Goods <input type="checkbox"/> Sign Stands <input type="checkbox"/> Substrates

Geographic Areas In Which You Wish To Distribute Our Products:		
States	Metropolitan Areas (Zip Codes)	International Areas

Business Opportunities You Expect To Capitalize On: Please Check (✓) All That Apply.	
<input type="checkbox"/> Maintaining Traffic Sign Retroreflectivity <input type="checkbox"/> Federal Ruling Impacts Traffic Control Devices On Private Property <input type="checkbox"/> Incident Management	<input type="checkbox"/> Breakaway Sign/Mailbox Supports <input type="checkbox"/> High Visibility Apparel <input type="checkbox"/> "Greener" Traffic Signs

Ways You Intend On Taking Our Products To Market: Please Check (✓) All That Apply.	
<input type="checkbox"/> Direct Sales <input type="checkbox"/> Direct Mail <input type="checkbox"/> E-Commerce <input type="checkbox"/> Government Bids/Contracts	<input type="checkbox"/> Telemarketing <input type="checkbox"/> Installation Services <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Do you have a sales force that would benefit from training by CPC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you prefer specials to be <input type="checkbox"/> faxed or <input type="checkbox"/> e-mailed?
