

Client Information



The Apple Group, LLC
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Date: _____

Business Name: _____

() Corporation () LLC () Partnership () Sole Proprietorship () Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Fax# _____

Company Website: _____

Owner / Primary Contact: _____

Title: _____ E-mail: _____

Cell# _____

Secondary Contact: _____

Title: _____ E-mail: _____

Cell# _____

Annual Sales: \$ _____ for year ending 20____.

Markets Served and percentage of total sales: () Residential () Industrial () Commercial () Home Builders () Public Bid Work () Other If other, please list: _____

Brief description of business: _____

Number of years in business: () 0-5 () 6-10 () 11-15 () 15 - 20 () 20+

Number of employees: _____ Full-time _____ Part-time

Number of trucks: _____ Residential _____ Commercial _____ Service

Software used to run business: _____

Owner(s): _____

The Apple Group respects the privacy of all of our clients. Your company information will be kept strictly confidential and will not be shared or used for any other purpose. Please complete and submit this form via fax to 239.790.5313 or scan and email to dan@AppleLLC.net.