



CARIBBEAN CEMENT COMPANY LIMITED
Sales & Marketing Department
CUSTOMER APPLICATION FORM

DATE: _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

BUSINESS TEL. NO. _____

BUSINESS FAX NO. _____ E-MAIL ADDRESS _____

NAME OF APPLICANT/ OWNER/MANAGER _____

HOME ADDRESS _____

HOME TEL. NO. _____

NAME OF BANKER(S) _____

ADDRESS(ES) _____

NATURE OF BUSINESS: How long have you been in business? _____

Hardware Store [] Wholesaler [] Contractor []

Blockmaker [] Tile Manufacturer [] Special Project * []

* Specify nature and duration of project _____

CURRENT SUPPLIER(S) _____

WEEKLY DEMAND _____ BAGS _____ BULK _____ JUMBO BAGS

STORAGE CAPACITY (sq.ft.) _____

AREAS TO BE SUPPLIED _____

TRANSPORTATION:- OWNED [] HIRED [] LEASED []

FOR BLOCK MANUFACTURERS ONLY
Do you have Bureau of Standard Certification? YES [] NO []

STATE FUTURE PLANS FOR IMPROVEMENT/EXPANSION/BRANCHES

SIGNATURE

FOR OFFICIAL USE ONLY

PARISH: _____ ZONE: _____

COMMENTS/RECOMMENDATIONS _____

DATE APPROVED _____

INTERVIEWED BY _____ RECOMMENDED BY _____ APPROVED BY _____

Customer Service Rep.

Marketing Manager

General Manager/COO