**FORMULAIRE D’INFORMATION SUR LES CLIENTS DES ENTREPRISES/ENTREPRISES**

|  |  |  |
| --- | --- | --- |
| **NOM DE L’ENTREPRISE** |  | VOTRE LOGO |
| LIGNE D'ADRESSE 1 |
| LIGNE D'ADRESSE 2 |
| VILLE/ÉTAT/CODE POSTAL |
| NUMÉRO DE TÉLÉPHONE |
| ADRESSE WEB |
|  |  |  |  |  |  |
| **DATE** | **ADMINISTRATEUR** |
|   |   |
| INFORMATIONS SUR LE CLIENT |
| **NOM DU CONTACT** |   |  |   |
| **TITRE DU CONTACT** |   | **Adresse de l’entreprise** |   |
| **TÉLÉPHONE PRINCIPAL** |   |  |   |
| **FAX :** |   |  |   |
| **Site Web** |   | **Adresse du domicile** |   |
| **ADRESSE E-MAIL** |   |  |   |
| INFORMATIONS PROFESSIONNELLES |
| **NOM DE L’ENTREPRISE** |   |  |   |
| **PRINCIPAL TYPE D’ENTREPRISE** |   | **Adresse de l’entreprise** |   |
| **TÉLÉPHONE PRINCIPAL** |   |  |   |
| **FAX :** |   | **ADRESSE E-MAIL** |   |
| **Site Web** |   |  |  |  |
|  |  |  |  |  |  |
| *Comment avez-vous entendu parler de nous pour la première fois ?* |
|   |
| *Quelle est la nature de votre entreprise avec nous ?* |
|   |
| *Quels problèmes passés avez-vous rencontrés avec ce type de service ?* |
|  NONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNONNON |
| *Quels types de préoccupations budgétaires avez-vous ?* |
|   |
| *Quels types de services vous intéressent ?* |
|   |

**EXCLUSION DE RESPONSABILITÉ**

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