FACTORY CONNECTIONS, INT'L.

Customer Record

Customer _____ Phone _____

Address _____ Date Placed _____

City _____ State _____ Zip _____

Mgr. Name _____ Asst. Mgr. _____

Tax Number _____ Number of Bays _____ Number of Technicians _____

☐ Service Station ☐ Garage ☐ Car Dealer ☐ Fleet ☐ Tire Store

Product Lines

- ☐ Belts _____
- ☐ Brakes _____
- ☐ Shims _____
- ☐ Rotors & Drums _____
- ☐ Calipers _____
- ☐ Ignition _____
- ☐ Chemicals _____
- ☐ Black Jack _____
- ☐ Transmission Filters _____
- ☐ Wiper Blades _____
- ☐ Oil & Air Filters _____
- ☐ _____

Date	Purchase	Balance	Needs/Comments

Customer ______________________________

Date	Purchase	Balance	Needs/Comments