



**Bullseye Customer Referral Information Form**

**Referral Information**

Referral Company Name \_\_\_\_\_

Referral Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Referral Phone \_\_\_\_\_

Referral Email Address \_\_\_\_\_

Referral Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Federal ID \_\_\_\_\_

**Commission and Discount Tracking Information**

Referring Customer Name \_\_\_\_\_ APPID \_\_\_\_\_

Distributor Name \_\_\_\_\_ Distributor # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date Referral Obtained \_\_\_\_\_ Date Referral Forwarded \_\_\_\_\_

**Please include this form with the appropriate order to ensure that proper credit is given.**

**Fax Completed Forms to: [248-967-5469](tel:248-967-5469)**

**Or Email them to: [distributor\\_support@bullseyetelecom.com](mailto:distributor_support@bullseyetelecom.com)**