

## Valued Customer Profile – Attachment C

Please complete and return this to VFH along with your service agreement.

**ORGANIZATION/AGENCY** \_\_\_\_\_

**MAIN CONTACT**

Name \_\_\_\_\_  
(First) (Last) (Title)

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_ Other (Pager, etc.) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**OTHER LOCATION (S):** Provide name and address (attach separate sheet if necessary)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**AUTHORIZED PERSON(S):** Provide names of person(s) authorized to place request(s) for interpreting services.

NAME	EMAIL
1. _____	_____
2. _____	_____
3. _____	_____

**BILLING CONTACT**

Same as Main Contact

Name \_\_\_\_\_  
(First) (Last) (Title)

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_ Other (Pager, etc.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Indicate Number Needed:** \_\_\_\_\_ “User’s Guide” \_\_\_\_\_ “Notice of Interpreting Services” Poster  
 \_\_\_\_\_ Pocket reference card \_\_\_\_\_ Request stickers