

Customer Form

Customer's First Name:

Customer's Last Name:

Address:

City:

State:

Zip:

Phone:

Email:

Sales Representative:

Insert Query Completed

[Click here to view your Database](#)

Sales Database 2012

Customer ID: 1

First Name: Oscar

Last Name: Baltazar

Address: 2207A S 9th ST

City: Sheboygan

State: WI

Zip: 53081

Phone: 9202072183

Email: it-student-css@live.com

Sales Representative: 1

Customer ID: 2

First Name: Crystal

Last Name: Dimas

Address: 2207A S 9th ST

City: Sheboygan

State: WI

Zip: 53081

Phone: 9207778888

Email: latina@live.com

Sales Representative: 2

Customer ID: 3

First Name: Irma

Last Name: Baltazar

Address: 2505 Georgia Ave

City: Sheboygan

State: WI

Zip: 53081

Phone: 9207894561

Email: irma.balatazar1@live.com

Sales Representative: 1