



NEW CUSTOMER INFORMATION FORM

Date: _____ Phone #: _____

Legal Name: _____ Trade Name: _____

Chain Account: Yes / No Chain Unit #: _____

Franchiser/Parent Co. Name: _____

Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Person & Title: _____ Name of Owner: _____

Name of Unit Manager: _____ Name of Buyer: _____

Type of Business: Circle one of the following: 12-Bakery/Deli, 24-Business/ Industry, 21-Churches, 16-Catering/Vending, 04-Club Private, 10-Concessions, 15-Day Care, 05-Fast Food, 14-Health Care, 23-Hotel/Motel, 02-Lounge, 11-Rec Centers, 01-Restaurant, 13-Schools, 25-Stores Retail (not Groc) 06-Store Grocery(not bakery/deli), 08-Liquor, 07-Store Convenience, 03-Resturant/Lounge

State Tax #: _____ Years in Present Location: _____

Previous Cust: Yes / No Previous Customer #: _____

If yes, previous trade name: _____

Delivery Location: ___ L-Loading Dock ___ S-Side Door ___ B-Back Door ___ F-Front Door

Available Delivery Hours: _____ to _____

Special Delivery Instructions: _____

Before or After Business Hours Phone # for Delivery: _____

COMPLETED RESALE OR EXEMPT SALE CERTIFICATE MUST BE ATTACHED

OFFICE USE ONLY

Customer #: _____ Salesperson: _____

Sales #: _____ Territory #: _____

Group Code: _____ Street Acct: _____ Key Acct: _____

Regular Selling Sequence: _____ - _____ Delivery Sequence: _____ - _____

_____ - _____ _____ - _____

Holiday Selling Sequence: _____ - _____ Delivery Sequence: _____ - _____

Bus. Type #: _____ Business Type Description: _____

City Code: _____ City Rate: _____ Cross Dock Cust. #: _____

