



## New Customer Account Form

Please complete this form. Please type or print clearly. Thank you.

### COMPANY INFORMATION

The Business Name	Owner(s)
Billing Address	Manager/Buyer/Chef
Shipping Address if not same	Accounts Payable Contact
Phone (    )	Cell Phone (Name and Number)
Fax (    )	Route
Email	Delivery Instructions & any door codes
Delivery Times	Special Instructions
Type of Business (Circle One)	Restaurant Catering Co. Other:
Catalog Received:	Date:
Credit Application Received:	Terms:

Where or how did you hear about us?	Products looking for?
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Prepared by:  
Date:

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Entered into BME:	Account Number:
Salesman Notified of New Account:	



Prepared by:  
Date: