



# New Customer Information

Date: \_\_\_\_\_

Salesman: \_\_\_\_\_ Salesman No.: \_\_\_\_\_

Restaurant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Order Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Unit Phone: \_\_\_\_\_ Unit Fax: \_\_\_\_\_

Comments: \_\_\_\_\_

Current Supplier: \_\_\_\_\_

<p>(Circle One)</p> <p>Prospect</p> <p>Ready to order</p>
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## Delivery Window / Days

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

AM

PM

### Accounting 1 (Local)

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Accounting 2 (Corporate)

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Type (Circle One)

Caterer

Country Club

Family Dining

Hotel

White Table Cloth

### Georgia State Sales & Use Tax Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We Must Charge Sales Tax Unless We Have A **Copy** Of Your Certificate

Credit Application Submitted:  Yes  No Approved:  Yes  No Statement required? \_\_\_\_\_

Terms given: \_\_\_\_\_  Monthly  Bi-Monthly  Weekly

Delivery / Services Needs: