



## New Customer Information

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

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

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

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

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

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

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

(Circle One) Prospect Ready to order
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Current Supplier: \_\_\_\_\_

### 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:**