

BUSINESS NAME: _____		ACCT # _____
DELIVERY ADDRESS:	STREET _____	
	CITY _____	STATE _____
	ZIP _____	COUNTY _____
BILLING ADDRESS:	STREET _____	
	CITY _____	STATE _____
	ZIP _____	
PHONE:	BUSINESS _____	HOME _____
	CELL _____	FAX _____
PERSONNEL:	OWNER _____	EMAIL _____
	CONTACT _____	EMAIL _____
	ACCT PAYABLE _____	EMAIL _____
CURRENT SUPPLIER:	ANNUAL PURCHASES: \$ _____	

CUSTOMER SERVICE INFORMATION:			
_____	HUFF TO CALL CUSTOMER	CALL TIME	_____
_____	WRITE	CONTACT PERSON	_____

DELIVERY INFORMATION	DELIVERY DAY: _____
DELIVERY HRS: _____	OPTIONAL DAY: _____
RESTRICTIONS: _____	
ENTRANCE: _____	ROUTE: SALESMAN _____
	DRIVER _____

ACCOUNT TYPE:	_____ CONV	CHAIN	INDEP	FREEZER INFORMATON:		
	_____ GROCERY	CHAIN	INDEP	STYLE: (CIRCLE ONE)	DIP	MERCH
	_____ BULK-DIP				NESTLE	G HUMOR PERRY
	_____ INSTITUTIONAL			OWNER: ACCOUNT	HUFF	
	_____ RESTAURANT					
	_____ OTHER:					

SALES REP: _____	OFFICE USE ONLY
CREDIT APP LEFT W/ CUSTOMER: Y or N	DATE REC'D _____
RESALE CERT LEFT W/CUSTOMER: Y or N	DATE REC'D _____
<b>PAYMENT: all new customers COD unless pre-approved</b>	CREDIT REQ LETTER SENT <u>1</u> <u>2</u>
TERMS REQUESTED Y or N	CREDIT LETTER REC'D <u>1</u> <u>2</u>
	CREDIT TERMS SET _____
	CREDIT LIMIT _____
	CUSTOMER NOTIFIED _____