



FOOD SERVICE SPECIALISTS

New Customer Information:

To be completed by customer

Date: _____

Name: _____

Billing Address: _____

City/Zip: _____

Ship to Address: _____

City/Zip: _____

Phone#: _____

2nd Phone#: _____

After Hours Phone#: _____

Fax#: _____ Email: _____

Resale#: _____

Purchasing Contact: _____

Who should we call for an order: _____

Best time to call: _____

Delivery hours: _____

Special requirements: _____

Accounts Payable Contact: _____

Type of Account: _____ COD