



# NEW CUSTOMER ACCOUNT SET-UP

## CUSTOMER INFORMATION

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Days of Operation: S M T W T F S Time Someone is Able to Receive \_\_\_\_\_

Requested Delivery Time: \_\_\_\_\_ Dark Drop \_\_Yes\_\_No Alarm Code: \_\_\_\_\_

Chef or Contact in Kitchen: \_\_\_\_\_

Phone # for Kitchen: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owners: \_\_\_\_\_ Email address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Office Hours: \_\_\_\_\_

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

Terms Requested by Customer: COD \_\_\_\_\_ NET 10 \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

NEWMAN'S INFORMATION (TO BE FILLED OUT BY NEWMAN'S PERSONNEL)

Credit Application Received and Signed in both places \_\_\_Yes\_\_\_No

Salesperson: \_\_\_\_\_

Customer Code: \_\_\_\_\_ MANAGERS APPROVAL: \_\_\_\_\_

Terms to be assigned: \_\_\_\_\_

Proposed Route: \_\_\_\_\_