

New Customer Record



8220 Forney Rd. Dallas, TX 75227
214-275-3500 Fax 214-275-3539 (Sales) 214-275-3575 (Acct.)

*Business Name: _____

*Bill to Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

*Ship to Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Resale Certificate: _____ **(Need Form Filled and Signed)**

*Delivery Time: _____

Contact at Location: _____

*Phone: _____ Fax: _____

Acct. Payable Contact: _____

Phone: _____ Fax: _____

Corporation Partnership Sole Proprietor

Name and Address of Owner (s):

Driver's Licenses No.:

DL#: _____ State: _____ Expires: _____ DL#: _____ State: _____ Expires: _____

Phone and Fax Numbers:

Credit Department Only

Customer #: _____ *Sales Person: _____ *Price Level _____

Terms: _____ Credit Limit: _____ Collect Name: _____

Date: _____ Auto Fax: _____ Out of Town

Authorized by: _____ Posted by: _____

*Order Type : _____ *Route # : _____ *Stop # : _____ Territory: _____

Sales Channel Code: Distributors F.S. Chains F.S. Independant Retail Chain Retail Independant Institutional

* Required Fields

Sales Initial: _____
Transportation Initial: _____
Accounting Initial: _____