



724 South 13th Street, Terre Haute, Indiana 47807
812-238-1438 • 800-264-1438 • Fax: 812-232-0670 • www.bandbfoods.net

NEW CUSTOMER SET UP

*** ALL BLANKS MUST BE FILLED IN OR MARKED N/A ***

CUSTOMER NAME _____
DELIVERY ADDRESS _____
CITY, STATE, ZIP _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____ FAX NUMBER _____
TAX EXEMPT NUMBER _____ (Must sign attached tax certificate)
TERMS REQUESTING: C.O.D. 7 DAYS 14 DAYS 30 DAYS (Circle One)
CUSTOMER CONTACT PERSON _____
DELIVERY INSTRUCTIONS, BE SPECIFIC _____

DELIVERY HOURS – PLEASE NOTE IF THESE ARE FIRM _____

CREDIT REFERENCES – MUST GIVE TWO

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
PHONE # _____	PHONE # _____
FAX # _____	FAX # _____
CONTACT PERSON _____	CONTACT PERSON _____

OWNER INFORMATION

OWNER _____ SSN _____ DOB _____
DRIVER'S LICENSE or STATE ID # _____ STATE _____
OWNER HOME ADDRESS _____

EMAIL ADDRESS: _____
HOME PHONE _____ CELL PHONE _____
ACCOUNTS PAYABLE CONTACT _____

CHECK WRITER INFORMATION

ANY PEOPLE THAT ARE SIGNERS ON YOUR CHECKING ACCOUNT MUST COMPLETE THE FOLLOWING INFORMATION

NAME _____ DOB _____
DRIVER'S LICENSE or STATE ID # _____ STATE _____

NAME _____ DOB _____
DRIVER'S LICENSE or STATE ID # _____ STATE _____

NAME _____ DOB _____
DRIVER'S LICENSE or STATE ID # _____ STATE _____

PERSONAL GUARANTEE

I PERSONALLY GUARANTEE TO PAY ALL CHARGES FOR SUPPLIES PURCHASED. SHOULD THEY NOT BE PAID IN TERMS, I AGREE TO PAY ALL AND ANY FEES ASSOCIATED WITH COLLECTION OF THE DEBT. EX: COURT COST, ATTORNEY FEES, ALL LATE FEES FIGURED ON THE HIGHEST ALLOWABLE INTEREST RATE AT THAT TIME BASED ON THE TERMS OF SALE.

NAME _____ DATE _____

WITNESS _____ DATE _____

TO BE COMPLETED BY SALES REP

SALES REP NAME _____ SALES REP # _____ P.C. _____
