



Fresh Beverages LLC.
423 Boulevard
Passaic, NJ 07055

973-767-1070
sales@freshbeverages.com

NEW CUSTOMER FORM

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	_____
PAYMENT: all new customers COD unless pre-approved		CREDIT REQ LETTER SENT	1 2
TERMS REQUESTED	Y or N	CREDIT LETTER REC'D	1 2
		CREDIT TERMS SET	_____
		CREDIT LIMIT	_____
		CUSTOMER NOTIFIED	_____