



New Client Sheet

*** Please Fill out Completely ***

Date:	<input type="text"/>	Acct. Opened By:	<input type="text"/>
Sales Rep:	<input type="text"/>	Sales Rep Number:	<input type="text"/>

Account Information

Account Name:	<input type="text"/>		
Address:	<input type="text"/>		
Town:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>

Billing Contact:	<input type="text"/>
Type of Establishment:	<input type="text"/>

Shipping Info:

Account Name:	<input type="text"/>		
Address:	<input type="text"/>		
Town:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Contact Name:	<input type="text"/>	Position:	<input type="text"/>

Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>		

Send the Following:	<u>Produce:</u>	<u>Seafood:</u>	<u>H.H.</u>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Delivery Info

Hours Of Operation:	<input type="text"/>		
Deliver to what part of Building?	<input type="text"/>		
Key Drop: Yes/No?	<input type="text"/>		
Special Delivery Requests:	<input type="text"/>		

<u>Times:</u>		
Earliest Delivery:	<input type="text"/>	Latest Delivery: <input type="text"/>

Customer Contract:	<input type="text"/>	Date App. was Receiv'd	<input type="text"/>
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Route Number:	<input type="text"/>	Stop Number:	<input type="text"/>
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E-mail soft copy to: jfarrar@blackriverproduce.com (Additional soft copy to be forwarded to parties)