



NEW CUSTOMER FORM

OUTLET NAME/GROUP	_____
COMPANY ADDRESS	_____ _____ _____ POST CODE _____
DELIVERY ADDRESS	_____ _____ _____ POST CODE _____
BEST DELIVERY DAYS	SUN M T W T F SAT OTHER DETAIL _____

CONTACT	CONTACT 1 (PRIMARY)	CONTACT 2 (SECONDARY)
NAME	_____	_____
POSITION	_____	_____
EMAIL ADDRESS	_____	_____
CONTACT NUMBER	_____	_____
PREFERRED CONTACT METHOD	_____	_____
SIGNATURE _____	DATE	/ /