



## NEW CUSTOMER SET UP FORM

Please complete this form as part of our New Customer set up package and return it to us along with our Customer Credit Application Form, Credit Card Authorization & Personal Guaranty.

How did you hear about us? \_\_\_\_\_

What type of a business are you? \_\_\_\_\_

Business Name:

GST Number:

PST Number (if applicable):

Address:

City/Town:

Province:

Postal Code:

Phone:

Fax:

Email:

Principle Contact:

Accounting Contact, Phone & Email (if different):

Which of our brands are you interested in carrying?

Beverages | Frozen | Deli | Gluten Free | Snack Food | Confectionary | Healthy Bars | Pasta | Stocks & Sauces | Seasonings | Household | Health & Beauty

Do you wish to receive monthly catalogues? Yes/no

Do you wish to have monthly specials sent to you? Yes/no

Which payment method do you prefer?

1. COD (all new customers are automatically billed COD or credit card)
2. Credit Card (please fill out Summit Specialty Foods credit card authorization form – new customers can choose this payment if preferred over COD)
3. Credit Terms (please fill out Summit Specialty Foods credit application)

I, the undersigned, have read and understand the enclosed Summit Specialty Foods document and agree to abide by these policies.

Name:

Title (i.e Owner, Manager):

Date: