



NEW CUSTOMER SET-UP FORM

Please return this form 10 days prior to placing your initial order.

Email: CustomerService@mountfranklinfoods.com or Fax: 888-880-9154

BILL TO	
Name	
Address	
City, State, Zip	
SHIP TO	
Name	
Address	
City, State, Zip	
CONTACT	
Name	
Email	
Phone	Fax:
ACCOUNTS PAYABLE	
Name	
Email	
Phone	Fax:
FINANCING	
Credit Limit Requested	Amount \$ _____
First Order	Amount \$ _____ Date: _____
Pick up:	<input type="checkbox"/> Delivery: <input type="checkbox"/>
EDI	
EDI CAPABILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Phone	
BROKER	
Name	
Phone	
BANK	
Bank Name	
Account #	
Contact Name	
Phone	
Y/E Statement Available	Yes <input type="checkbox"/> No <input type="checkbox"/>

Minimum 5 Business References - required where credit was extended (see page 2)

FOR INTERNAL USE ONLY

MUST BE COMPLETED BY SALES DEPARTMENT

MONTHLY SALES: _____ TERMS: _____ BULK (Please check one): Yes

LINE OF BUSINESS (Please check one): 600 800 801 810 Other (please specify) _____

REGIONAL MANAGER: _____ BROKER: _____

SUNRISE CONFECTIONS

800-685-1475



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Business References (if applicable)

REFERENCE 1	
Name	
Address	
City, State, Zip	
Phone	Fax:
Email	
Credit Limit	
REFERENCE 2	
Name	
Address	
City, State, Zip	
Phone	Fax:
Email	
Credit Limit	
REFERENCE 3	
Name	
Address	
City, State, Zip	
Phone	Fax:
Email	
Credit Limit	
REFERENCE 4	
Name	
Address	
City, State, Zip	
Phone	Fax:
Email	
Credit Limit	
REFERENCE 5	
Name	
Address	
City, State, Zip	
Phone	Fax:
Email	
Credit Limit	