

Diaco Food Service Company
Wholesale Distributors
110 Pennsylvania Avenue
Paterson, NJ 07503
Tel 973-881-9545 Fax 973-881-9565

NEW CUSTOMER INFORMATION FORM

The following information must be filled out in its entirety for our records in order to provide you with an open account with terms.

Business Corporation Name: _____

Trade Name (*doing business as*): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail Address: _____

Date Established: ____ / ____ / ____ Do you own or rent building? (*please circle*) Own Rent

Type of Organization: (*please circle*) Corporation Partnership Individual

Fed. Tax ID #: _____ DNB #: _____ Sea Fax #: _____

Officer / Owner's Name (*last name*): _____ (*first name*): _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Home Tele: (____) _____ - _____ 2nd Tele: (____) _____ - _____

Fax: (____) _____ - _____ Cell #: (____) _____ - _____

E-Mail Address: _____

Driver's License Number: _____ Social Security #: _____ - ____ - _____

Officer / Owner's Name (*last name*): _____ (*first name*): _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Home Tele: (____) _____ - _____ 2nd Tele: (____) _____ - _____

Fax: (____) _____ - _____ Cell #: (____) _____ - _____

E-Mail Address: _____

Driver's License Number: _____ Social Security #: _____ - ____ - _____

New Customer Bank Information Release Form

Name of Bank Institution

Address

Town, State, Zip Code

Telephone Number

Fax Number

Date: _____

Dear Credit Department:

I, _____ owner of _____
Customer's Name **Business Name**

Business Address

_____ give _____
Business Account Number **Name of Banking Institution**

authorization to release credit information to ***Diaco Food Service Company*** located at
110 Pennsylvania Avenue, Paterson, New Jersey 07503.

Any questions, please call me at (_____) _____ - _____.

Thank you,

Business Owner's Signature



New Customer Delivery Information and Direction Form

1. Date: _____
2. Customer Name: _____
3. Street Address: _____
4. Town: _____ State: _____ Zip Code: _____
5. Telephone: _____ Fax: _____
6. Owner's Name: _____
7. Manager's Name: _____
8. Landmarks: _____

9. Business Hours: _____
10. What is the earliest possible delivery time? _____
11. What is the latest possible delivery time? _____
12. Lunch hours? _____
13. Are deliveries "during" lunch hours accepted? YES NO
14. Requested delivery day(s) *(to be approved by routing mgr)*: M T W R F
15. Are there any deliveries made by staircase? Yes NO
16. How many stairs? (up or down) _____ Floor # _____ Other: _____
17. Delivery thru "back door" or "front door"? _____
18. Are there any ramps? YES NO

19. Comments: _____

20. Diagram: (please draw location of business on street with nearest cross street):

21. Please write down directions: (from Diaco Foods Service to the customer's location)
