



New Customer Information

Salesman: _____ Salesman No.: _____ Date: _____

Operations Information: (For multiple locations of same restaurant group submit extra sheet)

Restaurant name: _____
 Unit Address: _____

Order Contact: _____ E-mail address: _____

Unit Phone: _____ Price Level: _____

Unit Fax: _____

Comments: _____

(Circle one)
Prospect
Ready to order

Respond Y/N to the following:

Credit Application _____	Key Drop _____
Sales & Use Cert. _____	Internet Order _____
Routed _____	

Accounting Information - Only submit information if different from billing.

Important note: Multiple locations of one restaurant group will not be set up until Royal has determined if payment is made by single or multiple checks.

Accounting 1 (local)	Accounting 2 (corporate)	Type (Circle One)
Billing Address: _____ _____	Address: _____ _____	Avendra Caterer Country Club Family Dining Fast Food Hotel Institutional Feeder Prison School White Table Cloth
E-Mail Address: _____	E-Mail: _____	
Accounting Contact : _____	Contact: _____	
Accounting Phone:(____) _____	Phone:(____) _____	
Accounting Fax:(____) _____	Fax:(____) _____	

Credit Application (Circle One) Submitted: **Y / N** Approved: **Y / N** Statement required? _____
 Terms given: _____ (Circle One): Monthly Bi-Monthly Weekly

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