



## New Customer Registration Form

### **Business Information**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business EIN #: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Date Business was Acquired: \_\_\_\_\_  
Resale Tax #: \_\_\_\_\_

*Note, if a valid state tax number is not provided, Fresco Foods LLC. Is required to charge the appropriate Minnesota Sales tax on your invoice.*

### **Applicant Information**

Name of owner:	Name of owner:
% of ownership:	% of ownership:
Phone Number:	Phone Number:
Email:	Email:

### **Alternative Contact Information** (store manager or employee in charge of placing orders)

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### **Estimated purchase frequency from Fresco Foods LLC?**

Weekly ☐ By-weekly ☐ Monthly ☐ Not Sure ☐

**Estimated average monthly purchases From Fresco foods LLC?** \$ \_\_\_\_\_

### **How would you like to place you orders from Fresco Foods LLC?**

Assigned in person sales rep ☐ Over the phone ☐ Online ☐ Fax/Email ☐

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature (Co-applicant): \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach a copy of all applicants Driver's License)