



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)