



NEW CUSTOMER FORM WORLD WIDE GOURMET FOODS

BUSINESS CONTACT INFORMATION

Customer Name:

Tax ID Number:

Contact Name:

Phone:

Fax:

Email:

BILL TO ADDRESS

Address:

City:

State:

Zip Code:

SHIP TO ADDRESS

Address:

City:

State:

Zip Code:

ADDITIONAL SHIP TO ADDRESS

Address:

City:

State:

Zip Code:

Address:

City:

State:

Zip Code:

OTHER CONTACTS

Purchasing Contact Name:

Phone:

Fax:

Email:

Secondary Contact Name:

Phone:

Fax:

Email:

Do you receive invoices electronically?

If so, please provide an email address for invoices.

Email:

A/P Contact Name:

Phone:

Email

QC Contact Name:		
Phone:	Email:	
Receiving Contact Name:		
Phone:	Email:	
Emergency Contact Name:		
Phone:		
Dock Contact Name:		
Phone:		
SHIPPING INFORMATION		
Dock Receiving Hours:	Do you require a dock appointment? If so, please provide contact information. Email: Phone Number:	
Do you have a dock?		
Additional Trucking or delivery Requirements:		
Miscellaneous Shipping Information:		
Special Instructions:		
SUBMITTED BY:		
Name:	Title:	Date: