New Customer Information Sheet

Company Name: _____

Bill To Address: _____

_____

_____

_____

Contact Person:

        Name: _____

        Phone: _____

        Email: _____

Salesman: _____

Pricing:

List items TL/LTL

or send pricesheet _____

_____

_____

_____

_____

_____

_____

_____

**Off Invoice/Billback info
(date range or
entire year)**

_____

Order Confirmation Person:

    Name _____

    Phone: _____

    Email: _____

Buyer/Category Manager

    Name _____

    Phone: _____

    Email: _____

Broker   **Yes or No**

if yes   **Name** _____

    Phone: _____

    Email: _____

    Address: _____

_____

_____

_____

    Percentage _____

Orders/Invoicing	Do they use EDI for orders/invoicing If Yes - have them contact Tina Bumgardner in our office 800-322-3642 or email tbumgardner@twinpops.com
	If Not EDI - where do invoices get sent?
Name	_____
Phone:	_____
Email:	_____
Address:	_____
	_____
	_____
	_____
	If Not EDI - Orders need to be sent to our order email
	orders@twinpops.com
	Must contain:
	PO #
	Ship To
	Delivery/Pick up Date
	Items / Quantities
Ship To Locations (pick up or delivery) and contact information	
Name	_____
Phone:	_____

Email: _____

Address: _____

_____

_____

_____

Name _____

Phone: _____

Email: _____

Address: _____

_____

_____

_____

A/P Contact

Name _____

Phone: _____

Email: _____

Logistics Contact

Name _____

Phone: _____

Email: _____

Additional Information _____

Slotting amount approved _____

by item

_____

_____

_____

_____

_____

Ad amounts approved

_____

Their customers

_____

_____

Certificate of Insurance Address if different from Billing Address

Name _____

Phone: _____

Email: _____

W9 Received Date _____

We need main customer & any that send invoices

Credit Application Received Date _____