



RETAILER INFORMATION FORM

We use the information provided on this form to verify you are retailer and therefore have access to our wholesale prices. This is not a credit application.

PLEASE FAX COMPLETED FORM TO 415-651-8792

Tell Us About Your Company!

Retailer Name: _____

Who Is Your Food Distributor? _____

How Many Locations Do You Have? _____

Web Site Address: _____

Federal Employer Identification Number FEIN? _____

Sales Tax Resale Permit Number: _____

How Long Have You Been in Business? _____

Help Us Get In Touch With You!

Purchasing Contact Name: _____

Contact E-mail: _____

Your Phone: _____

Fax Number: _____

Best Days/Time To Call? _____

Your First Order With Us

What Would You Like To Order? _____

Billing/Shipping Information

Billing Address: _____

Shipping Address: _____

PLEASE FAX COMPLETED FORM TO 415-651-8792