



CUSTOMER INFORMATION FORM

Please take a few moments to complete this form. PLEASE PRINT CLEARLY

Name of Business: _____

Name of Owner: _____

Person Authorized to Order : _____

Contact Information

Telephone Contact: _____
Work Cell Fax

Email Contact: _____

Mailing Address: _____
P.O. Box Settlement/Consituency Island

Location of Store

Please give exact directions to your store (Include Landmark).

If you have more than one store please fill out one form for each location.

Applicant Name Applicant Signature Date

Official Use Only

Date Entered in System Driver

Entered By Route

Customer Acct. #