



CUSTOMER DATA FORM
CONFIDENTIAL

Full Legal Name of Business: _____

DBA Name: _____

Street Address (Delivery): _____ City: _____ State: _____ Zip: _____

Street Address (Billing): _____ City: _____ State: _____ Zip: _____

Main Phone #: _____ Main Fax #: _____

Accounting Phone #: _____ Accounting Fax #: _____

Website: _____

Operating Name of Organization(s) connected with this account: _____

Affiliations: _____

Name of Parent: _____

Number of Stores Affiliated / Operated by Account: _____

Branches: _____

Type of Business: _____

CONTACT INFORMATION:

Key Contact: _____ Ph #: _____ Fax #: _____

E-mail address: _____ Affiliation: _____

Key Contact: _____ Ph #: _____ Fax #: _____

E-mail address: _____ Affiliation: _____

Purchasing: _____ Ph #: _____ Fax #: _____

E-mail address: _____

A/P: _____ Ph #: _____ Fax #: _____

E-mail address: _____

ACCOUNT EXECUTIVE AND CRR INFORMATION:

Account Executive Name: _____ Date of Completion: _____

Delivery Window A.M. or P.M.: _____ Time Window: _____

Routed Form to: _____ Date: _____

Form Received By: _____ Date: _____

Account Setup By: _____ Date: _____

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