

New Account Profile



Account Name: _____

Number: _____

Please print clearly to ensure the proper information is recorded

TYPE OF ACCOUNT RETAIL RESTAURANT INSTITUTIONAL

COMPANY NAME: _____ **PHONE NUMBER:**(____) ____ - _____

BUSINESS NAME(DBA): _____ **FAX NUMBER:**(____) ____ - _____

E-MAIL ADDRESS _____

DELIVERY ADDRESS: **STREET** _____
CITY _____ **STATE** _____ **ZIP** _____
COUNTY _____

BILLING ADDRESS: **STREET** _____
CITY _____ **STATE** _____ **ZIP** _____
COUNTY _____

AFFILIATED WITH _____ **CITY** _____ **STATE** _____
COUNTY _____

FEDERAL ID# _____

LENGTH OF TIME IN BUSINESS _____

DO YOU OWN PREMISES YES NO **LEASE PROPERTY** YES NO

BUSINESS TYPE: PROPRIETORSHIP PARTNERSHIP INCORPORATED

NAME OF OWNER:

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE: _____ **ALT PHONE** _____

SOCIAL SECURITY # _____ - _____ - _____

DRIVERS LICENSE #: _____

NAME OF OWNER:

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE: _____ **ALT PHONE** _____

SOCIAL SECURITY # _____ - _____ - _____

DRIVERS LICENSE #: _____

Hillcrest Foodservice 2695 East 40th Street Cleveland, Ohio 44115

216-361-4625 • 800-952-4344 • Fax 216-426-0185

WWW.HILLCRESTFOODS.COM

Hillcrest Foodservice
2695 East 40th Street
Cleveland, Ohio 44115
216-361-4625 • 800-952-4344
Fax 216-361-0764

TODAY'S DATE : ____/____/____

TERMS REQUESTED: _____

SALES REPRESENTATIVE #: _____

SALES REP NAME: _____

REFERENCES: FOOD VENDORS ONLY PLEASE

NAME: _____ NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

ACCOUNT # _____ PHONE: _____ ACCOUNT # _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____ CITY: _____ STATE _____ ZIP _____

NAME: _____ NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

ACCOUNT # _____ PHONE: _____ ACCOUNT # _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____ CITY: _____ STATE _____ ZIP _____

BANKING REFERENCES:

NAME: _____ ADDRESS: _____

PHONE: _____ ACCOUNT NUMBER: _____

CONTACT NAME: _____

OTHER REFERENCES:

To expedite the process please provide additional information. If you are leasing the building or equipment, indicate the lessor or other vendors from who you are currently purchasing.

NAME: _____ NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

ACCOUNT # _____ PHONE: _____ ACCOUNT # _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____ CITY: _____ STATE _____ ZIP _____

NAME: _____ NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

ACCOUNT # _____ PHONE: _____ ACCOUNT # _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____ CITY: _____ STATE _____ ZIP _____

OFFICE USE ONLY: Set-up Date: / /

Salesman: _____

Prc Cd: _____

Master Customer #: _____

Terms: _____

Approved: ___/___/___

Denied: ___/___/___

Initials: _____

Initials: _____