

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 (A/R Dept)

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: _____

Please indicate your authorization for your bank to release your information to us by completing and signing below.

I hereby authorize Name of Bank to release credit information to Hillcrest Foodservice

 Sign Here

Any information provided by your bank is for purposes of credit verification and reference only and will be kept confidential.

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: _____

Prs Cd: _____ Master Customer #: _____

Terms: _____

Approved: ___/___/___ Denied: ___/___/___

Initials: _____

Initials: _____