New Customer Application

ESSENTIAL FOODS WHOLESALE

Low-Cost Foods to Meet the Needs of Nonprofits Nationwide

First:	Last:	Middle Int:	Title:
Name of Business:			Phone #:
Address:			Fax #:
City:	State:	ZIP:	Email:

Non Profit Information

Type of Non Profit:	Year started:	Tax I.D. Number:
◉	○	○
If Division/Subsidiary, Name of Parent Organization		DNB Number:
Name of Principal Responsible for Financial Transactions:		Title:

Accounting Contact

Contact Name:	Contact Name:
Contact Email	Contact Email
Contact Phone Number	Contact Phone Number
Fax#:	Fax#:

Trade References - (if Applicable)

Vendor Name:	Vendor Name:	Vendor Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

I hereby certify that the information contained herein is complete and accurate. I also understand any discrepancies with my order, such as shortages, product quality, or damages, MUST be submitted in writing within 7 days of delivery with supporting photos to be valid.

_____ _____ _____

Signature ***Title*** ***Date***