

**NLAWS PRODUCE
P.O. BOX 1321
SAVANNAH, GA 31402
NEW ACCOUNT INFORMATION SHEET**

ACCOUNT NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____ FAX _____

PHONE _____ MOBILE _____

EMAIL _____ Price list Statement

ALTERNATE CONTACT _____ FAX _____

PHONE _____ MOBILE _____

EMAIL _____ Price list Statement

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE USE ONLY

Terms Requested _____ Sales Rep _____

Tax ID# _____ Price Code Requested _____

Customer Type _____ Put on the Call List _____ yes _____ no

Invoice Copies 1 or _____
If Yes, circle the days and enter time customer is to be called
Day Mon Tue Wed Thur Fri Sat

Delivery Time Requested _____ Time: _____

SPECIAL INSTRUCTIONS _____

Route Number _____ Territory _____