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NEW CUSTOMER INFORMATION FORM

Business Name: _____

Bill To Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____ (to receive monthly hot sheets, specials, and statements)

Ship To Address if different: _____

Name of Owner/Responsible Party: _____ Phone: _____

Secondary Contact: _____ Phone: _____

To be completed by Sales Representative:

Sales Rep. #: _____

Credit Terms: _____

Tax I.D. #: _____ *(please attach the Tax I.D. Form)*

Office use only: DVF ACCOUNT NUMBER: _____

Set-up date: _____ Set-up by: _____

APPROVED: ☐ Yes ☐ No If NO, Reason: _____