

MUSCO FOOD CORP. NEW CUSTOMER PROFILE

Please fill in both the Credit App and this New Customer Form. Both should be returned to Jim Orlando, at jorlando@muscofood.com

Business Name:

Type of Business:

Primary Point of contact:

Name:

Cell:

Email:

Alternative Point of contact:

Name:

Cell:

Email:

How did you hear of Musco Food Corp? (google, word-of-mouth ...)

Address for billing & invoices:

Accounts Payable Contact:

Name:

Cell:

Email:

Address of location where deliveries must be made (unless pick-up):

Delivery point of contact, if different from names listed above:

Name:

Cell:

Email:

Business hours of operation / days of the week:

Accepted Delivery Hours:

If loading dock, loading dock hours:

**Please note, for safety reasons, our employees are not authorized to do basement deliveries.**

Website:

Instagram Handle:

Do you sell online? If so, how?

**Musco Office Use Only:**

Days of Delivery:

Assigned Sales Rep:

Route Number:

Scanned & Uploaded:

Client ID Number:

Sales Manager Sign Off:

If KeyFood, Store number:

Date:

**MUSCO FOOD CORPORATION**57-01 49<sup>th</sup> Place, Maspeth, NY 11378

Phone: 718-326-1070 Fax: 718-326-1109

**Once you have filled out the form (Either on Adobe Acrobat or by hand), please email it back to us, by sending it to Jim Orlando, at:**

**jorlando@muscofood.com | (516) 551-1525**

For office use only

Acct. #: \_\_\_\_\_

Sales Rep \_\_\_\_\_

Recvd. By: \_\_\_\_\_

Date Rcvd: \_\_\_\_\_

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT****BUSINESS CONTACT INFORMATION**

<b>Company Name:</b>		<b>D/B/A:</b>	
Owner's Name(s):		Title:	
Phone:		Email:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		A/P Contact:	
Sole proprietorship:	Partnership:	Corporation:	<b>Delivery Hours:</b>

**BUSINESS AND CREDIT INFORMATION \*\* (MUST INCLUDE EMAIL) \*\***

Primary home address:		
City:	State:	ZIP Code:
How long at current address?		
<b>Bank name:</b>		Contact:
Bank address:	Phone:	
City:	State:	ZIP Code:
Telephone:	Email:	
Type of account (Savings/Checking/Other):	Account number:	

**BUSINESS/TRADE REFERENCES \*\* (MUST INCLUDE EMAIL) \*\***

<b>Company name:</b>		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Type of account:			
<b>Company name:</b>		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Type of account:			
<b>Company name:</b>		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Type of account:			

**AGREEMENT**

1. By submitting this application, you authorize Musco Food Corp. to make inquiries into the banking and business/trade references that you have supplied.
2. A fee will be assessed for returned checks
3. All orders are **C.O.D.** till credit references are verified.

<b>SIGNATURES</b>			<b>AMOUNT OF CREDIT REQUESTED:</b>
DATE:	Print Name:	Sign*:	\$

\*Use the "Fill & Sign" feature of Adobe Reader to insert signature, or print, sign, & scan/photograph the form before sending it as an attachment to Jim Orlando, jorlando@muscofood.com | (516) 551-1525.