



## NEW CUSTOMER SET-UP OR CHANGE INFORMATION

INSTRUCTIONS: Please print in ink or type. Fill in all spaces and complete by signing where indicated. If a corporation, the signature must be that of an authorized officer. If a partnership, application must be signed by ALL general partners. All information will be held in strictest confidence.

LEGAL CUSTOMER NAME (as shown on permit): \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

FEIN: \_\_\_\_\_  Proprietorship  Partnership  Corporation

BILLING/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RESALE #: \_\_\_\_\_ DATE BUSINESS ESTABLISHED: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### CUSTOMER REQUIREMENTS:

ORDER TO BE DELIVERED? Y  N  (\$300 MIN.)

DELIVERY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DELIVERY BACKDOOR HOURS? \_\_\_\_\_ DAILY: \_\_\_\_\_ DAYS/HRS RECEIVING CLOSED: \_\_\_\_\_

Delivery Appointment Needed?: YES  CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

WILL CALL/PICK-UP? Y  N  (\$200 MIN.)

CUSTOMER WILL ACCEPT SUB? Y  N

Separate Invoice?: Y  N  Separate Pallets?: Y  N  P.O. Number on Invoice?: Y  N

### **ALL NEW ACCOUNTS ARE SET-UP BY CASH ONLY.**

If credit line/terms requested, the following must be provided:

Credit application must be fully complete and accompany the set-up info. **References will be checked.**

Amount of credit requested: \$ \_\_\_\_\_ Estimated Sales: \$ \_\_\_\_\_ WEEKLY  BI-WEEKLY  OTHER \_\_\_\_\_

TERMS REQUESTED: NET 7 DAYS  NET 14 DAYS  OTHER \_\_\_\_\_

6521 Asher Road, Alvarado, Texas 76009

[www.wcftxfoods.com](http://www.wcftxfoods.com)



LIST ALL OWNERS, PARTNERS OR CORPORATE OFFICERS BELOW:

NAME/TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_ SSN: \_\_\_\_\_

BUYER: \_\_\_\_\_ BUYER PHONE: \_\_\_\_\_

A/P CONTACT NAME: \_\_\_\_\_ A/P PHONE: \_\_\_\_\_

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BANK INFORMATION:

BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

OFFICER NAME: \_\_\_\_\_ OFFICER PHONE: \_\_\_\_\_

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CREDIT REFERENCES:

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

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ALL ACCOUNTS IN THE STATE OF TEXAS must be accompanied by a Texas Sales & Use Tax Resale Certificate.  
Certificate Number: \_\_\_\_\_, signed form must be attached to set-up.

ALL ACCOUNTS FROM OUT OF STATE must be accompanied by a Sales & Use Tax Resale Certificate.  
Certificate Number: \_\_\_\_\_, signed form must be attached to set-up.

**\*\*\*PLEASE PROVIDE COPY OF THE ISSUED PERMIT\*\*\***

If no sales tax information is provided, the account will be set-up as TAXABLE.  
Does customer agree to pay tax? Y  N

TO WHOM THIS MAY CONCERN: This will be your authorization and my request for you to release any information requested concerning personal and/or company credit.

IN WITNESS WHEREOF, I/WE have signed the herein guarantee this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
Proprietor, Partner or Corporate Signature

PRINTED NAME: \_\_\_\_\_

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

X \_\_\_\_\_  
Guarantor Signature

PRINTED NAME: \_\_\_\_\_

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