

Customer Information Sheet

Customer Information

School Name: _____

Address: _____
Street Address

City State ZIP Code

Phone: _____

Billing Information

Name [if different from above]: _____

Address: _____
Street Address P.O. Box

City State ZIP Code

Shipping Address

Address: _____ YES NO
Loading Dock Available

City State ZIP Code

Contact: () Phone Number: _____

Key Contact

Child Nutrition Contact
Name Phone Email

Accounting Contact
Name Phone Email

Supt. Contact
Name Phone Email