

1605 John St, Suite 205C Fort Lee, NJ 07024 Phone: 347.974.1037

NEW CUSTOMER FORM

CONTACT SITE INFORMATION

BUSINESS NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
PRIMARY CONTACT		TITLE	
PHONE	FAX	KITCHEN PHONE	
EMAIL ADDRESS			
ADDITIONAL CONTACTS			
MANAGEMENT COMPANY	(IF APPLICABLE)		
BILLING INFORMATION			
BUSINESS NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
PRIMARY CONTACT		TITLE	
PHONE	FAX	EMAIL	
TAX EXEMPT? YES OR NO (IF YES PLEASE ATTACH CE	RTIFICATE) TAX#	
BELOW, YOU ARE AGREEING TO THAT THERE IS A MINIMUM CHANOT INCLUDE TAX, IF APPLICABL ASSESSMENTS AND SURVEYS. C. THE SERVICE REQUESTED IS ON A PAYMENT. HOWEVER, IF KITCHE UNDER FACTORY WARRANTY, THE SHOULD WE BILL THE EQUIPMENT.	PAY THE STANDARD HOURLY F LARGE OF \$280 FOR THE INITIAL E. INITIAL VISIT CHARGE INCLU O.D CUSTOMERS MUST BE PRI A UNIT UNDER WARRANTY, THE EN DYNAMICS RESPOND TO THE HE CUSTOMER IS RESPONSIBLE IT MANUFACTURER AND THE E HAMICS. HOURLY RATES ARE SU	ES INTO THE KITCHEN DYNAMICS SYSTEM. ENTE OF \$140/HOUR FOR LABOR AND TRAVE VISIT (ONE HOUR LABOR/ONE HOUR TRAVE UDES BUT IS NOT LIMITED TO REPAIRS, ESTIME PARED TO ISSUE CASH PAYMENT AT TIME OF EQUIPMENT MANUFACTURER IS RESPONSE SERVICE CALL AND FIND THAT THE ISSUE IS FOR FULL PAYMENT TO KITCHEN DYNAMICS BILL BE REJECTED, CUSTOMER IS RESPONSIBLY BEALT OF CHANGE WITHOUT PRIOR NOTICE	EL. PLEASE NOTE EL). THIS DOES WATES, OF SERVICE. IF SIBLE FOR S NOT COVERED S. IN ADDITION, LE FOR ISSUING
		TITLE	
SIGNATURE		DATE	