

New Customer Form

Company Information:

Company Name / DBA:	Resale Certificate #:	Resale Certificate #:
URL / Website:	<i>Please attach a copy of the resale license form and W-9.</i>	

Accounting Contact Information:

Accounts Payable Name:	Email:
Billing Address:	
Phone:	Fax:

Company Contacts:

Please list new company contacts (e.g., Principal(s), Executive(s), Sales Manager(s), Buyer(s), etc.). These will be added to our dealer/distributor contact list (attach a separate page if additional lines are needed):

Full Name	Title	Phone#	Email Address
Full Name	Title	Phone#	Email Address

Store Locations:

Please list your store location(s) below (attach a separate page if more than 2 locations):

ADDRESS:	
CITY:	STATE:

ADDRESS:	
CITY:	STATE:

Internal Office Use Only:

Following to be filled out by the Sales Department:

Requested by:	Date:
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Type of Customer:

Distributor Local Dealer Local Builder Other

Expected Annual Sales Volume:	Territory:
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The Following to be filled in by the Accounting Department:

Customer #:	
Approved Payment Terms:	Approved Credit Limit:
Approved By:	Date:

(Finance)

Entered into system by:	Date:
Email notification to ILVE USA LLC staff by:	Date:

CONTACT INFORMATION:

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