

## ACCOUNT DATA FORM

PLEASE PRINT

Customer ID #: \_\_\_\_\_ Type:  Customer  Prospective Date: \_\_\_/\_\_\_/\_\_\_  
D M Y

Company Name: \_\_\_\_\_

Phone/s #: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Tin#: \_\_\_\_\_

Address: \_\_\_\_\_

District/Town/City: \_\_\_\_\_

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Primary Contact:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Industry:  F&B  TOB

Customer Type: \_\_\_\_\_ Account Assigned to: \_\_\_\_\_

Territory: B1  B2  B3  B4  N1  N2  S1  S2  SO  SP  W1   
W2  CC

Purchase: \$ \_\_\_\_\_

Payment Terms:  C.O.D  For credit, please fill credit application and submit to GM  
 7 Days (CC&SP only)

Completed By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Entered By: \_\_\_\_\_ Product Type/s: \_\_\_\_\_