

Something Better Natural Foods New Customer Account Application

Customer Name: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Web-Site: _____

I am tax exempt and need Something Better to send me tax exemption paperwork: (circle one) Yes No

Delivery Information

Primary Delivery Contact: Name: _____ Phone Number _____

Backup Delivery Contact: Name: _____ Phone Number _____

Please note: The backup delivery contact must be a different person than the primary delivery contact.

Payment Information

Accounts Payable Contact: Name: _____ Phone Number _____

I have read and understand the ordering information listed in the Something Better Natural Foods catalog, including, but not limited to ordering, payment, and fee information. I also attest that I have filled out this application accurately to the best of my knowledge.

Account Holder's Signature: _____

Office Use Only:	Customer Number: <input type="text"/>	Delivery Route: <input type="text"/>
Account Name Assigned:		
Delivery Location:		

Initial Credit Card Information

Credit Card Type: (circle one) Visa MasterCard Discover	3-digit Card ID number _____
Credit Card Number _____/_____/_____/_____	Expiration Date ____/____
Cardholder's Name: _____	
Billing Address (if different than mailing): _____	
Cardholder agrees that this credit card will be kept on file and used for payments and credits on this account until changed or cancelled in writing.	
Cardholder Signature: _____	Date: _____