



Corrib Food Products

NEW CUSTOMER REQUIREMENTS

Customer Name: _____

Delivery Address: _____

Office Use Only:
Group
Nature Of Business
Rep
Classification
Route
P. Code

Person In Charge Of Accounts: _____

Telephone No: _____

Fax No: _____

Person In Charge Of Ordering: _____

Telephone No: _____

Fax No: _____

Delivery Times Required: _____

Delivery Days Agreed With Area Representative? Mon / Tues / Weds / Thurs / Fri / Sat

Any Delivery Specifications (i.e. Only Particular Personnel Allowed To Sign For Delivery, Clothing Etc)

Product(s) You Will Be Ordering:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Would You Like To Be Telephoned For An Order? Yes / No

If Yes At What Time Would You Like To Be Telephoned?: _____

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION FOR ACCOUNT
TO YOUR AREA REPRESENTATIVE OR POST TO:
CORRIB FOOD PRODUCTS, KILTULLAGH, ATHENRY, CO. GALWAY**