



New Customer Application

Completed forms should be emailed to: newaccounts@uppervalleyproduce.com

or mailed to

211 Olcott Drive

White River Jct., VT 05001

Date of Application: _____

Legal Business Name:	
Mailing Address:	Town:
State:	Zip Code:
DBA:	Federal Tax ID#:
Requested Term – Circle One If no trade references are provided, then terms will be COD by default. Please attach references to application COD – Cash or Check Upon Delivery Net 7 Days Net 14 Days	Business Type – Circle One Corporation LLC Sole Proprietor Other
Owner Name:	Owner Phone Number:

Billing/Accounting Contact Info: All statements will be emailed bi-weekly or as needed

Name	Phone Number	Email

Ordering Contact Info:

Name & Position	Phone Number	Cell Number	Email	Online Ordering Yes Or No	Emailed Specials/Pricing Yes or No

Delivery Information – for multiple delivery locations this section must be completed for each stop.
NOTE – if you authorize drops then the driver’s initials will act as the invoice signature upon delivery for payment.

Deliver Location – if Different from Legal Name:

Address:	Town:	State:
Hours of Operation:	Ok to Drop – Yes or No (Sign here to indicated Authorization)	Do we need a key or door code? If Yes, please specify.
Where is the delivery Entrance? Be Specific		
Earliest Delivery Time:	Latest Delivery Time:	Are there any days you will NOT accept deliveries?
Special Instruction or Delivery Preferences?		
Contact name if no one is around and drops are not authorized:	Contact phone if no one is around and drops are not authorized:	