



Food Services, Inc.

Food Services Inc

Date: _____

Customer Name: _____

Bill to Name: _____

Mailing Address: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Ship to Name: _____

Ship to Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax #: _____

Customer Email Address: _____

Terms: Net 30 days from date of invoice

Check

☐

ACH

☐

PCard/Credit Card

☐

For Emergencies Only (i.e.: Snow, Floods, closed Business, etc.)

Buyer: _____ Cell Phone: _____

Manager: _____ Cell Phone: _____

Customer: _____

Address: _____

Phone and/or Cell Number: _____

Contact Person: _____

Delivery Day (s) Requested

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

Delivery Frequency:

Once a Week

☐

Twice a Week

☐

Other

Speical delivery instructions: _____

Door Code: _____ Extra Notes: _____