



MarKan Sales



ACCOUNT INFORMATION

NEW ACCOUNT or CHANGE

NAME: _____ ACCT # _____

DELIVERY ADDRESS: _____ CITY: _____ ZIP: _____

BILL TO ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

PHONE _____ EMAIL: _____

COUNTY _____ WITH IN CITY LIMITS? YES NO

OFFICE USE ONLY

SALESMAN INFO: ROUTE _____ DAY OF WEEK _____

SEQUENCE _____

DELIVERY INFO: ROUTE _____ DAY OF WEEK _____

SEQUENCE _____

AR RESPONSIBILITY

CASH ACH MONTHLY ACH WEEKLY

IF ACH CUSTOMER NEEDS TO FILL OUT ACH FORM

CHARGE SALES TAX? YES NO

IF "NO" CUSTOMER NEEDS TO FILL OUT TAX EXEMPTION FORM.

PRICING INSTRUCTIONS: