



PO BOX 768105
Roswell, GA 30076
O. 404-889-8936
www.GetDairyDirect.com
Orders@GetDairyDirect.com

New Account Set Up Form

Sales Rep: _____

Terms: NET 7 Debited via ACH. Complete attached ACH agreement

Business Name: _____

Bill to Address: _____

City, State, Zip: _____

Phone and Fax: _____

Ship to Address: _____

City, State, Zip: _____

Buyer Contact: _____ AP Contact: _____

Email: _____ Email: _____

Phone #: _____ Phone #: _____

Federal Tax ID: _____

Corporate officers, partners, and individual proprietors

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

DL # and Sate: _____ DL # and Sate: _____

Banking

Bank Name: _____ Phone #: _____

Account #: _____ Routing #: _____



PO BOX 768105
Roswell, GA 30076
O. 404-889-8936
www.GetDairyDirect.com
Orders@GetDairyDirect.com

Trade References (minimum of 2 food distributors)

Name	_____	City, State, Zip	_____
Account #	_____	Phone #	_____
Contact	_____	Email	_____
Name	_____	City, State, Zip	_____
Account #	_____	Phone #	_____
Contact	_____	Email	_____
Name	_____	City, State, Zip	_____
Account #	_____	Phone #	_____
Contact	_____	Email	_____
Name	_____	City, State, Zip	_____
Account #	_____	Phone #	_____
Contact	_____	Email	_____

Please submit the following with your account set up form

1. Estimated weekly usage by product
2. I9
3. Copy of Sales Tax Certificate
4. Signed ACH Agreement

By submitting this application, you authorize Dairy Direct, Inc. to make inquiries into the banking and business references that you have provided.

Printed Name: _____ Title: _____

Signature: _____ Date: _____



PO BOX 768105
Roswell, GA 30076
O. 404-889-8936
www.GetDairyDirect.com
Orders@GetDairyDirect.com

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number



PO BOX 768105
Roswell, GA 30076
O. 404-889-8936
www.GetDairyDirect.com
Orders@GetDairyDirect.com

Account Contact Information

Invoice/Billing/AP

Business Name: _____
Mailing Address: _____
City, State & Zip: _____
Main Contact: _____
Phone: _____
E-Mail Address: _____

Warehouse/Shipping/Delivery

Ship To: _____
Address: _____
City, State & Zip: _____
Main Contact: _____
Phone: _____
E-Mail Address: _____
Receiving Hours: _____
Appointment Requirements: _____

Purchasing Department/Buyer

Contact Name: _____
Phone: _____
E-Mail Address: _____

Special Instructions

Please specify: _____