



# ALIVINI CUSTOMER INFORMATION

Date: \_\_\_\_\_ Allocated Rep: \_\_\_\_\_  
OFFICE USE ONLY

## NEW CUSTOMER DETAILS

CATEGORY: Delicatessen | Restaurant | Wholesale | Café |  
Other (please specify) \_\_\_\_\_

\*CONTACT NAME: \_\_\_\_\_

\*BUSINESS NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\*CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

\*POST CODE: \_\_\_\_\_

\*TELEPHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_

\*VAT REG.: \_\_\_\_\_ *Please write N/A if this does not apply.*

EST. MONTHLY SPEND \_\_\_\_\_

*\* field must be filled.  
Customers will automatically be set to receive communications by email unless otherwise specified.*

**FOR CUSTOMERS WITH A DEDICATED ACCOUNTS DEPARTMENT PLEASE ALSO COMPLETE PART 2 →**

## ACCOUNTS DEPARTMENT DETAILS

\*BUSINESS NAME: \_\_\_\_\_  
*(please specify if the accounts/billing is outsourced in any way)*

\*CONTACT NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\*CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

\*POST CODE: \_\_\_\_\_

\*TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_

*Additional notes:*