

New Customer Form

Name of Company: _____

Address: _____

City, State: _____

ZIP Code: _____

Main Contact: _____

Phone #: (____) _____ - _____

Fax #: (____) _____ - _____

Email: _____

Your Area Delivery Days: M T W TH F SAT SUN

Delivery Times: _____

Special Request: _____

Comments to know how to Service you better: _____

All New Customers are C.O.D until approved for Credit by Management. Also Sales Tax ID Required for Tax Exempt.

To Our Valued Customer:

We are happy to service all your produce needs here at Son Shine Produce. Any of our top Sale Representatives will gladly answer any and all questions you may have Monday thru Friday 8am to 12pm. For quick service please fill out the New Customer Form sheet on the next page to help us serve you better on delivery times and days. As well as any special produce you may require. Our goal here is to make sure that you are satisfied with our service and you have all your produce needs met.

Our team looks forward to your call.

Leah McMahan Riffey
Customer Service
Manager

Chris Acuff
Customer Service
Supervisor

Jessica Elias
Customer Service
Associate

Tim Gibson
Customer Service
Associate

Office: (865) 524 – 3299

Fax: (865) 546 – 2252