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CUSTOMER INFORMATION SHEET **For FREIGHT Customers**

Customer Contact Information

Customer Business Name: _____

Main Contact Name: _____

Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____

Alternative or Mobile Number: _____

Fax Number: _____

Email: _____

Website Address: _____

Tax ID #: (please complete attached W-9): _____

Business Information

Type of Business/Product: _____

Years in Business: _____

Secondary Contact _____

- Phone Number: _____
- Alternate Phone Number: _____
- Email: _____

Pick up Information (Please note, preferred pick up time may not be available)

Address: _____

City, State, Zip: _____

Phone Number: _____

Operating Hours: _____

Preferred Pick up Day(s): _____

Earliest Pickup Time: _____

Latest Pickup Time: _____

No Pickups Between: _____

Product to be Picked up: _____

Temperature Requirements: _____

How is product packed? (palletized, boxed, etc.): _____

Special Delivery Notes: _____

Delivery Information

Business/Warehouse Name: _____

Delivery Address: _____

Phone Number: _____

Alternative Phone Number: _____

Receiver's Contact Name: _____

Operating Hours: _____

Preferred Delivery Days: _____

Earliest Delivery Time: _____

Latest Delivery Time: _____

Special Instructions: _____

Note: If there will be multiple delivery locations please attach a separate sheet listing all pertinent information for each location.

Accounts Payable Information

Contact Name: _____

Phone Number: _____

Alternative Phone Number: _____

Contact Email: _____

Alternative Email _____

Fax Number: _____

Do you want a credit application?