



DEL MONTE FOODS



CUSTOMER ACCOUNT FORM (CAF)

All new accounts must be forwarded via email to the Del Monte Sales Manager for approval.

Sales manager must then forward via email to Gail Dray for review and entry into Del Monte systems.

Questions? Please call Gretchen Keillor 412-222-8111 or Craig Rowland 412 222 8033.

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| PLEASE MARK WITH AN X: | NEW ACCOUNT: | NEW BILL TO: | NEW SOLD TO: | NEW SHIP TO: |
| OR ADDRESS/NAME CHANGE: | A/R: | BILL TO: | SOLD TO: | SHIP TO: |
| INDICATE REASON FOR CHANGE: | | | | |
| (SECTION A) SALES DIVISION COMPLETES THIS SECTION | | | | |
| BILL TO ADDRESS | | | SOLD TO ADDRESS | |
| CUSTOMER NAME: | | | SAME AS BILLING ADDRESS | |
| ATTENTION TO: | | | CUSTOMER NAME: | |
| ADDRESS: | | | ATTENTION: | |
| CITY / STATE / ZIP: | | | ADDRESS: | |
| PHONE: | | | FOODSERVICE USE ONLY: Buying Group <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> | |
| FAX #: | | | Vending <input type="checkbox"/> | |
| EFT: | | | CITY/STATE/ZIP: | |
| EDI Bill To: Duns # | | | PHONE: | |
| | | | DRAYAGE (MDIS ONLY) | |
| CUSTOMER'S CORPORATE MAILING (A/R) ADDRESS (ONLY COMPLETE IF DIFFERENT THAN BILLING ADDRESS) | | | | |
| CUSTOMER NAME: | | | | |
| ADDRESS / CITY / STATE & ZIP: | | | | |
| SHIP TO ADDRESS | | | | |
| SAME AS BILLING ADDRESS | | | | |
| CUSTOMER NAME: | | | | |
| ADDRESS / CITY / STATE & ZIP: | | | | |
| PHONE/FAX: | | | | |
| E-MAIL ADDRESS: | | | | |
| DEL MONTE CUST SERV REP | | | | |
| DUNS #: | | | | |
| REQUIRED BROKER INFORMATION | | | REQUIRED SALES DATA AND APPROVAL | |
| BROKER LOCATION NAME & CODE (REQ) | | | SALES MARKET: | |
| NAME OF BROK. FILLING OUT FORM: | | | GPS/CAS CUSTOMER? | |
| BROKER PHONE NUMBER: | | | CUSTOMER TYPE | |
| DEL MONTE WAREHOUSE/DC: | | | DEL MONTE SALES MANAGER | |
| DATE SUBMITTED: | | | DATA WHSE TERRITORY DESC. | |
| (SECTION B) CREDIT ANALYST COMPLETES THIS SECTION | | | | |
| CREDIT LINE APPROVED: | | | TERMS CODE: | |
| APPROVED BY: | | | RISK CLASS: | |
| APPROVAL DATE: | | | LOCK BOX CODE | |
| BPCS INPUT REVIEWED? | | | CUSTOMER HOLD: | |
| COMMENTS: | | | CREDIT CHECK: | |
| | | | COLLECTOR ASSIGNMENT: | |
| | | | D&B #: | |
| (SECTION C) CUSTOMER ANALYST COMPLETES THIS SECTION | | | | |
| SOLD TO/SHIP TO ACCOUNT #: | | | BILL TO ACCOUNT NUMBER: | |
| LOGGED ON CAF'S IN PROCESS: | | | A/R ACCOUNT NUMBER: | |
| ENTERED INTO DMS: | | | MIF/SOLD TO X-REF: | |
| | | | ASSIGNED TO MKT IN GDW: | |
| | | | MIF NUMBER | |