

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: