



Title: **CLIENT INFORMATION**

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Revision No3

Implementation Revision Date:9/4/2014

Company Name:	Plant ID:	
Restaurant Name:		
Mailing Address:		
City:	State:	Zip:
Company URL (Website Address):		
Phone	Fax:	

New Client

Existing Client

Primary/Emergency Contact Name:		
Primary Contact Name:	Job Title:	
Phone Number:		Fax:
Email Address:	Cell Phone:	
<i>Primary Customer will be notified in case of an emergency</i>		

Alternate Contact Name		
Alternate Contact Name:	Job Title:	
Phone Number:		Fax:
Email Address:	Cell Phone:	

Results Reporting:Results will be sent by email, to your primary contact. Please select the mode below to receive your results. For faster access to results use Result Point.		
Email <input type="checkbox"/>	Fax <input type="checkbox"/>	Result Point (On Line Results) <input type="checkbox"/>
<i>(Please contact AFL for user Name & Password)</i>		

Billing Information		
Contact Name:	Job Title:	
Phone Number:		Fax:
Email Address:	Cell Phone:	
Address:		
City:	State:	Zip:

Purchase Order Information	
Will you require a purchase order to pay invoices?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Individual (PO# issued with samples)	
Blanket (fill in) - PO#	Exp Date:

To submit, fax to 972 623 0055 or email afl@afltexas.com

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