



Dairy Direct, Inc. Information

Mailing Remit to Address

Dairy Direct, Inc.
PO Box 1212
Roswell, GA 30077
orders@dairydirectinc.com

Accounting

Ashley Marsh
ashley@dairydirectinc.com, orders@dairydirectinc.com
404-889-8936

Warehouse Location and Hours

16 Forest Parkway Bldg. G
Forest Park, GA 30297
M 12am-12 pm, T 2am-12pm, W 3am-12pm
Th 2am-12pm, F 4am-12pm

Warehouse Contact

Maurice Bryant
warehouse@getdairydirect.com, orders@dairydirectinc.com
404-889-8936

Invoicing

Orders are invoiced at the time of delivery. Revised invoices are emailed. Invoices can be emailed by request.

Terms

Account terms are based on credit references and personal guarantee.

Credits

If there are any issues with your delivered order, please contact customer service with pictures documenting any issues within 24 hours of delivery at:

orders@dairydirectinc.com

Catch Weight Items

Invoices are revised based on delivered catch weights. Revised invoices are emailed following delivery.

Email

Please send all questions and correspondence to orders@dairydirectinc.com. This email is monitored between 8am and 6pm M-F. This will insure that all of your needs will be addressed.



New Account Application

Date:

Account #	Sales Representative:

Terms Requested (circle one): Cash COD/Check NET 7 NET 10

SHIP TO:	Phone No.		BILL TO:	Name (Buyer)	
	Fax No.			Address	
	Corporate Name			City, State, Zip	
	City, State, Zip			Phone No.	
	Address			Attention of	
	(d/b/a) Trade Name			Email	

Accounts Payable Contact Name _____ Phone Number _____ Email _____

Length of time in business: ____yrs ____ mo Est. Wkly dairy purchases: _____cs ct
 Federal Tax Id # _____ Est. Wkly cheese and egg purchases: _____cs ct
 State Tax Id# _____ Est. Wkly fresh egg purchases: _____cs ct
 Other business interests: _____

Complete the following information for all corporate officers, partners, and/or individual proprietor.

Name and Title	Name and Title
Home Address	Home Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Drivers License # and State	Drivers License # and State

Banking

Bank Name	Account #		Phone No.
Phone Number	Routing #		Contact:

Trade References: (Two of the four must be food distributors)

Name	Account #	City, State	Phone Number
Name	Account #	City, State	Phone Number
Name	Account #	City, State	Phone Number
Name	Account #	City, State	Phone Number

Personal Guarantee

****IF SEEKING N10 TERMS THIS SECTION MUST BE COMPLETED****

DATE: _____

I, _____, residing at _____
 _____ for and in consideration of your extending credit at my request to the Buyer named in the New Account Form and Agreement For Account (Buyer) herby personally guarantee to Dairy Direct, Inc. by the Buyer whenever the Buyer shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable indemnity for cash indebtedness of the Buyer. I do herby waive notice of default, non-payment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, and to all renewals of extension of credit. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to an attorney for collection, all attorney's fees plus attendant collection costs. The foregoing New Account Form and Agreement for Account are incorporated herein by reference.

Witness Signature _____
 Date _____

Individual Signature _____
 Social Security # _____



New Customer Information

Invoice/Billing/AP

Customer Name: _____
Mailing Address: _____
Address: _____
City, State & Zip: _____
Phone: _____
Fax: _____
Main Contact: _____
E-Mail Address: _____

Warehouse/Shipping/Delivery

Customer Ship To: _____
Address: _____
Address: _____
City, State & Zip: _____
Phone: _____
Fax: _____
Main Contact: _____
E-Mail Address: _____

Purchasing Department/Buyer

Contact Name: _____
Phone: _____
Fax: _____
E-Mail Address: _____

Special Instructions

Please specify: _____