



NEW CLIENT INFORMATION

Please complete all information about your organization. Complete information allows us to provide you better service.

Purchaser:		Billing Contact:	
Corporate Name:	_____	Billing Contact:	_____
Billing Address:	_____	Billing Phone:	_____
City:	_____	Billing Email:	_____
State:	_____ Zip: _____	Contact #2:	_____
Phone:	_____ Fax: _____	Title:	_____
Owner:	_____ Phone: _____	Phone:	_____
Owner Email:	_____	Email:	_____

Site Information

Store #	Address	City	Zip	State	Phone	Manager Name	Mgr Phone

CASH TERMS: Total due before service is provided or order can ship.

Please provide your choice of payment for purchases and services.

Payment by Credit Card (4% processing fee added):		Payment by ACH (please provide a voided check):	
Card Number:	_____	Bank Name:	_____
Expiration:	_____	Routing #:	_____
CVV:	_____	Acct #:	_____
Billing Address:	_____	Name on Check:	_____
Billing Zip:	_____	Account Type:	Checking Savings
Approved By:	_____	Approved By:	_____

I (we) hereby authorize Restaurant Service Solutions, LLC to initiate debit entries to my (our) Checking Account or Credit Card (CC) with the information I (we) provided above. I (we) acknowledge that the origination of ACH/CC transactions to my (our) account must comply with the provisions of U.S. law.

I (we) authorize ACH/CC transactions on all purchases unless I (we) provide other instructions in writing prior to placing an order. This authorization is to remain in full force and effect until RSS has received written notification from me of its termination in such time and in such manner as to afford RSS and my bank a reasonable opportunity to act on it.

2680 Technology Drive, Louisville, KY 40299
Phone: 877.753.0154 | Fax: 502.753.0152