

McCallum Sauber Florists, Inc.

*New Customer Intake Form*

BUSINESS NAME:

DELIVERY: Street Address:

Street Address (2):

City:

State:

Zip:

Delivery Phone #:

Key Provided:    Yes            No

TYPE OF ADDRESS:

(e.g., Restaurant,  
Strip-mall business,  
Warehouse, Condo)

SPECIAL DELIVERY  
INSTRUCTIONS:

(e.g., availability and  
location of parking for  
delivery vans; access/  
gate codes; stairs  
involved in delivery)

Primary Point of  
Contact - NAME:

Primary Point of  
Contact - PHONE #:

PHONE TYPE:            MOBILE  
                                  LANDLINE

Primary Point of  
Contact - EMAIL:

OTHER SPECIAL  
INFORMATION /  
INSTRUCTIONS:

McCALLUM SAUBER  
SALES REP:

Customer Signature:

TITLE: