

Account Name: _____

Date of Event: _____

Push Cart Event Form

ICE CREAM DISTRIBUTORS OF FLORIDA, LLC



8055 NW 90th Street, Medley, Florida 33166

Phone: 305-883-0117

Fax: 305-889-2709

Email: adiaz@icecreamdf.com

Contacts Name:		
Contacts Phone:		Contacts Cell:
Contacts Email:		
Company/ Organization:		
Purchase Order #:		
Billing Address:		
City & Zip:		
Billing's Phone #		Cell #
Billing's Fax #		Billing's Email:
Company or Place delivering to:		
Delivery Address:		
City & Zip:		
Will the push cart be placed Indoors or Outdoors?		
Note any specific instructions for delivery driver below:		
Date of delivery:		# of Push Carts:
Earliest delivery time:		
*Additional Delivery Fees May be Applied Depending on Time and Distance. *Please Allow a 2 Hour Minimum Time Frame fro Deliveries & Pick Ups!		
Date of pick up:		
Earliest pick up time:		Latest pick up time:
WOULD NEXT DAY PICK UP OR IF THE DELIVERY IS ON A FRIDAY OR WEEKEND WOULD MONDAY PICK UP BE OKAY?		YES NO
Payment Information: Cash Credit Card Business Check		Are you tax exempt? YES NO <i>**If yes please fax over a tax certification</i>
<i>*For Credit Cards Please Call Us or Complete the Auth. Form</i>		Tax ID #: _____
How did you hear about us? Internet---Friend---Return Client---Mail---Other		
FOR ICE CREAM DISTRIBUTORS OF FLORIDA USE:		
Order on Hold?	YES	NO
Mapquest done?	YES	NO
Menu(s) done?	YES	NO
Umbrella & Pole Left at Delivery?	YES	NO
Cross Bar Left at Delivery?	YES	NO
Delivered By:	Picked Up By:	