



FLAGSHIP DELIVERY INC.

ACCOUNT INFORMATION

FIRMS NAME: _____ **TELEPHONE:** (____) _____

ADDRESS: _____ **FAX NUMBER** (____) _____

CITY: _____ **STATE:** _____ **ZIP:** _____ - _____

BILLING ADDRESS: _____

INVOICE ATTN: _____ **TELEPHONE:** (____) _____

CONTACT NAME: _____ **TELEPHONE:** (____) _____

AVERAGE NUMBER OF DELIVERIES PER WEEK: _____

WOULD YOU LIKE TO USE FLAGSHIP'S INTERNET ORDERING SYSTEM? Y / N

Flagship Delivery bills it clients Semi-Monthly and payment is due upon receipt.

SIGNATURE _____ **TITLE** _____ **DATE** _____

PLEASE FAX INFORMATION TO (281-398-7551)

P.O.BOX 841798 * HOUSTON, TX 77284 * 281-829-3331