

Date ___/___/___

-New Store Form-

1910 23rd Ave
San Pablo, CA 94806
(510)234-9445
(510)234-9446 Fax



Store Name _____

Address _____

City _____ State _____ ZipCode _____

Phone(____)____-____ (____)____-____ Fax (____)____-____

Manager _____

Dairy Buyer _____

Grocery Dept. Mgr _____

Grocery Buyer _____

Receiver _____

Products

Driver _____

Mild Salsa

Hot Salsa

Hot Guacamole

Mild Guacamole

First Delivery / /

Thick Chips

Thin Chips

Spin/Tom Chips

Hot Sauce

Delivery Days

Shrimp Salsa

Mon Tu Wed Thu Fri Sat

Demo? no yes date ___/___/___

Submit

Comments _____

*Please complete form and send by pressing the Submit button, fax it,
or e-mail it to sales@casa-chicas.com as an attachment.