



New Customer Set-Up Sheet

I, _____, authorized representative of the company below, agree that by becoming an
(print full name)

Ashby's Sterling Ice Cream retailer *and* requesting point-of-sale advertising materials will sell only Ashby's Sterling 3-gallon Ice Cream flavors and not sell any other hand-dipped ice cream brands in this store location. This agreement only applies to my hand dipped ice cream program and does not have any authority over any other products sold at my store, such as soft-serve ice cream, ice cream novelties, candy, coffee, food items, etc. If I do not wish to sign this agreement, I may still sell Ashby's Sterling Ice Cream, but I may not display any advertising materials that contain the Ashby's Sterling Ice Cream brand name. Signature: _____ Title: _____

Store Name: _____ Today's Date: _____

Physical Address: _____ Start Date w/Ashby's: _____
(Street) Owner's
E-Mail: _____
(City) (State) (Zip)

Store Phone #: _____ Fax #: _____ Alt. Phone #: _____

Owner: _____ Store Manager: _____

Year-round **Mailing Address**, if different than above: _____
(Street)

(City) (State) (Zip)

Type of Establishment: Dip Parlor Walk up window Restaurant w/dip parlor Restaurant/Deli
C-Store/Gas Station Distributor Other _____

Add your store address to the ashbysicecream.com website store locator page? Yes No

Do you want your website on our locator? If yes, write it here: _____

Number of Ashby's Flavors Displayed/Offered for sale: _____

Other Bulk Ice Cream Brands You Sell (name): _____ # of Flavors: _____

Address of Local Paper (for newsrelease): _____
(Name)

(Street/PO Box) (City) (State) (Zip)

Send P.O.S. start-up kit to **store address above**: Yes or No ⇒ Mail to:

(Name) (Street/PO Box) (City) (State) (Zip)

Name of Distributor Serving this Account: _____ Phone: _____

Distributor Sales Rep Name: _____ Phone: _____

Ashby's Sterling Sales Rep Name: _____ Phone: _____

Comments/Instructions: _____