

WELCOME TO



## HOTEL INFORMATION FORM

### GENERAL INFORMATION

Hotel Name: \_\_\_\_\_

Hotel Management Company: \_\_\_\_\_ Hotel I.D. Number: \_\_\_\_\_

Hotel Chain Company: \_\_\_\_\_ Hotel I.D. Number: \_\_\_\_\_

Hotel Brands: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact for Initial Setup: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

### FOOD SERVICE INFORMATION BY PARTICIPATING HOTEL

Type of Hotel Foodservice: Full Service:  Limited Service:

Number of Rooms: \_\_\_\_\_ Banquet Space (Sq. Ft.) \_\_\_\_\_

Annual Foodservice Revenue: \_\_\_\_\_ Annual Foodservice Purchases: \_\_\_\_\_

### Foodservice Outlets/Departments (Check Appropriate Boxes):

- |  |                          |
|--|--------------------------|
| 3-Meal Restaurant                                  | <input type="checkbox"/> |
| Specialty Restaurant                               | <input type="checkbox"/> |
| Lounge/Bar Outlets                                 | <input type="checkbox"/> |
| In-Room Dining/Refreshment Centers/Guest Amenities | <input type="checkbox"/> |
| Guest Floor Vending                                | <input type="checkbox"/> |
| Banquet/Catering Department                        | <input type="checkbox"/> |
| Concierge/Club Floor                               | <input type="checkbox"/> |
| Convenience Store/Gift Shop                        | <input type="checkbox"/> |
| Pool   | <input type="checkbox"/> |
| Fitness Room                                       | <input type="checkbox"/> |
| Spa  | <input type="checkbox"/> |
| Golf   | <input type="checkbox"/> |
| Tennis   | <input type="checkbox"/> |

## KEY HOTEL CONTACTS

	Name	Phone Number	Email
General Manager:	_____	_____	_____
Director Of Accounting:	_____	_____	_____
Director Of Food and Beverage:	_____	_____	_____
Director Of Purchasing:	_____	_____	_____
Executive Chef:	_____	_____	_____
Director Of Sales:	_____	_____	_____
Director Of Catering:	_____	_____	_____

## DISTRIBUTOR/SUPPLIER INFORMATION

Current Distributors/Suppliers: \_\_\_\_\_

Current Number Of Drops Per Week: \_\_\_\_\_ Current Average Drop Size: \_\_\_\_\_

Requested New Program Starting Date: \_\_\_\_\_ Requested New Program Payment Terms: \_\_\_\_\_

New Distributor/Supplier Payment Contact: \_\_\_\_\_

## SYSCO INFORMATION

Servicing OPCO: \_\_\_\_\_ OPCO Account #: \_\_\_\_\_ Date Completed Information Form Sent To OPCO: \_\_\_\_\_

### Which of the following companies should contact you to schedule an appointment?

(Check Appropriate Boxes)

Sysco Broadline	<input type="checkbox"/>	Date/Time: _____
Sysco ChefEx	<input type="checkbox"/>	Date/Time: _____
Sysco FreshPoint	<input type="checkbox"/>	Date/Time: _____
Sysco Keystone	<input type="checkbox"/>	Date/Time: _____
Sysco Guest Supply	<input type="checkbox"/>	Date/Time: _____
Sysco Specialty Meat Companies	<input type="checkbox"/>	Date/Time: _____
Sieb Marketing	<input type="checkbox"/>	Date/Time: _____

## RETURN HOTEL INFORMATION FORM TO:

Eric Sieb at The Sieb Organization, Inc. • 3605 North 7th Avenue • Phoenix, AZ 85013

Tel: 1-800-991-SIEB (7432) Ext 101 • Fax: 480-317-0492 • E-Mail: [eric.sieb@sieb.com](mailto:eric.sieb@sieb.com)