

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. • **Tel: 1-800-991- SIEB (7432) Ext 101**
Mobile: 602-576-7432 • Fax: 480-317-0492 or **E-mail: eric.sieb@sieb.com**