



## CUSTOMER REFERRAL FORM

**Your Customer:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

is requesting that you carry the following products:

**In-Shell Pistachios:** Salt \_\_\_ Unsalted \_\_\_ Lemon Zing \_\_\_ Crushed Garlic \_\_\_  
Hickory Smoked \_\_\_ Onion-Garlic Roast \_\_\_ Chile Lemon \_\_\_  
Chile Hickory \_\_\_ Red Hot Habanero \_\_\_ Hot Onion-Garlic \_\_\_

**Kernels:** Raw \_\_\_ Roasted Unsalted \_\_\_ Roasted Salted \_\_\_  
Lemon Zing \_\_\_ Crushed Garlic \_\_\_ Hickory Smoked \_\_\_  
Chile Lemon \_\_\_ Pistachio Berry Mix \_\_\_  
Chocolate Toffee Pistachios \_\_\_ (October thru March only)

**From:** Santa Barbara Pistachio Company  
407 State Street #B  
PO Box 21957  
Santa Barbara, CA 93121  
P: 800.896.1044 / F: 805.962.6200  
www.sbpistachios.com  
info@sbpistachios.com

### THIS PORTION TO BE COMPLETED BY STORE:

Please fill out the following to request information from Santa Barbara Pistachio Co.

**Store Name:** \_\_\_\_\_

**Buyer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Store:** \_\_\_\_\_