

ORCA BEVERAGE

Customer Contact Information

Company Name: _____ Contact Name: _____

Telephone#: _____

E-mail address: _____

Billing Information

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Bill To Contact Name: _____

Telephone#: _____

E-mail address: _____

Fax#: _____

Shipping Information: Same as Above (circle one): YES NO
If YES then you can skip filling out shipping informatio

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Bill To Contact Name: _____

Telephone#: _____

E-mail address: _____

Fax#: _____

Please select one of the below:

Dock: _____ Lift Gate required: _____ (a \$50.00 fee is assessed on each order)

DUNS #: _____

Business Type: Sole Proprietorship Partnership LLC C-Corp S-Corp

****Washington State Businesses Only – Provide copy of Resellers Permit**