



pepsi

WALTON BEVERAGE CO. CUSTOMER INFORMATION FORM

BUSINESS NAME <input type="text"/>		STORE # <input type="text"/>	DATE <input type="text"/>
LEGAL/ CORPORATE NAME <input type="text"/>			
DELIVERY INFORMATION		BILLING INFORMATION	
<input type="text"/>		<input type="text"/>	
STREET ADDRESS [NO PO BOXES]		STREET ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	ST	CITY	ST
		ZIP	ZIP
DELIVERY PHONE (<input type="text"/>) <input type="text"/>		BILLING PHONE (<input type="text"/>) <input type="text"/>	
CONTACT NAME <input type="text"/>		BILLING FAX (<input type="text"/>) <input type="text"/>	
TITLE <input type="text"/>		BILLING EMAIL <input type="text"/>	
<input type="text"/>		BILLING CONTACT <input type="text"/>	
Fed ID# or SS# (e.g. 91-1234567 or 543-12-1234)		OWNER'S NAME <input type="text"/>	
<input type="text"/>		To reduce waste, we prefer email over snail mail. <input type="checkbox"/> Check this box if you prefer US Postal delivery	
<input type="checkbox"/> WA ST RESELLER PERMIT # (e.g. A01 1234 12) <input type="checkbox"/> WA State Reseller Permit Submitted <input type="checkbox"/> ACH Debit Authorization Submitted		NOTE: Sales tax must be charged if a valid Reseller Permit is not submitted NOTE: Cash, Check, or ACH Debit payment is required for all deliveries. Credit terms are only available for established businesses and requires prior approval of a credit application.	
Please complete this section if there has been a change to your business. Eff Date: <input type="text"/> Prior Cust# <input type="text"/>			
<input type="checkbox"/> CHANGE of OWNER <input type="checkbox"/> NAME CHANGE PRIOR BUSINESS NAME <input type="text"/>			