

NEW ACCOUNT WORKSHEET

****PLEASE NOTE: THIS IS NOT A CREDIT APPLICATION. ALL NEW ACCOUNTS ARE "DUE UPON RECEIPT" AT TIME OF DELIVERY****

BUSINESS CONTACT INFORMATION

Company Name:		Date:
Doing Business As:		
Phone:	Fax:	E-mail:
Shipping Address:		
City:	State:	ZIP Code:
Date 1 st Delivery requested:	UBI Number:	

ACCOUNTS PAYABLE INFORMATION

Name:	Phone:	Ext:
Email:		

BILLING INFORMATION

Owner/Manager Name:	Phone:
Billing Address:	City: ZIP Code:
Email:	Alternate/cc Email:
Alternate/Cell Phone:	Is a PO required? If so, PO # _____

DELIVERY REQUESTS & INFORMATION

Delivery Notes/Requests:
Specific Delivery Location:
Hours of Operation:

AGREEMENT

1. All invoices are "Due upon Receipt" at time of delivery.
2. By submitting this application, you authorize EK Beverage Company to contact you via phone, email, fax, or postal mail for ordering purposes and for educational/informational purposes. EK Beverage Company will not sell or give out your information to a third party.

SIGNATURES

Sign: X	Sign: X
Printed:	Printed:
Title:	Title:
Date:	Date:

Thank you for filling out this form completely. Upon receipt of this worksheet, an account representative will contact you to inform you of your order and delivery schedule. All orders **MUST** be made at least 48 hours prior to your scheduled delivery day.

ORDER DAY

DELIVERY DAY

FOUR
EASY WAYS
TO ORDER

- 1 **ONLINE** www.ekbeverage.com
select *Place an Order*
- 2 **CALL** 425.251.8810
- 3 **EMAIL** orders@ekbeverage.com
- 4 **SALES REP VISIT** weekly or semi-weekly