

# ORCA BEVERAGE

## Customer Contact Information

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Website: \_\_\_\_\_

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 information

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship 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**