

# ***KOLDKIST*** Bottled Water

909 N Columbia Blvd Portland Oregon 97217

503-285-1881 FAX 503 - 285-1891

## **BUSINESS APPLICATION FOR BOTTLED WATER SERVICE**

DATE \_\_\_\_\_

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### **CUSTOMER INFORMATION**

**Business Name** \_\_\_\_\_

**DBA (if applicable)** \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Years in Business \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ A/P Phone number \_\_\_\_\_

Contact Person \_\_\_\_\_ Extension \_\_\_\_\_

EIN# \_\_\_\_\_ Email \_\_\_\_\_

Corporation\_\_ Partnership\_\_ Sole Proprietor\_\_

### **CREDIT INFORMATION**

Officers

1. Name \_\_\_\_\_ Position \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_

Business References

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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### **OFFICE ONLY**

Cooler Type \_\_\_\_\_ Rental Rate \_\_\_\_\_ Water Rate \_\_\_\_\_

Deposit Required Yes\_\_ No\_\_ Deposit Amount \_\_\_\_\_

Salesperson \_\_\_\_\_ Canvass\_\_ Call in\_\_ Referral\_\_

Source \_\_\_\_\_ Referral Name \_\_\_\_\_

Referral Account # \_\_\_\_\_ Install Date \_\_\_\_\_ # of Bottles \_\_\_\_\_

Special Instructions

