

KOLDKIST Bottled Water

503-285-1881 FAX 503 - 285-1891

RESIDENTIAL APPLICATION FOR BOTTLED WATER SERVICE DATE _____

CUSTOMER INFORMATION

Account Name _____ Own _____ Rent _____
Address _____
City, State _____ Zip _____ Years at Address _____
Phone H _____ Work _____ Cell _____
Landlord's Name _____ Phone _____
Previous Address if less than 1 year _____
Previous Landlord Address _____ Phone _____

CREDIT INFORMATION

Employer Name _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Years employed _____
Drivers License # _____ D.O.B. _____ SS# _____
Bank _____ Checking _____ Savings _____

CREDIT CARD AGREEMENT

In the event that your account is past due beyond 60 days you will allow us to charge your credit card to bring the account current.

Credit Card Type: Visa _____ Master Card _____ American Express _____

Credit Card Number _____ Exp _____

Name (as written on card) _____

Signature _____

WE MAY AT OUR OBTAIN A CREDIT REPORT BASE UPON THE INFORMATION
PROVIDED IN THIS CREDIT APPLICATION

OFFICE USE ONLY

Cooler Type _____ Rental Rate _____ Water Rate _____

Deposit Required Yes _____ No _____ Deposit Amount _____

Salesperson _____ Tom Fowler _____ Canvass _____ Call in _____ Referral _____

Source _____ Referral Name _____

Referral Account # _____ Install Date _____ # of Bottles _____

Special Instructions _____