

Customer Intake Form

Date:		_ Ben	t Water Sales Rep
Information			
Corporation Name:			D/B/A:
			State: Zip:
FED EIN#:		License #: _	
Procurement Contact:			
Name:		Cell:	
Email:		Contact Preference: _	(day)
Delivery Instructions:			
Delivery Day:	Delivery	Window:	Delivery Location:
Delivery Details:			
Email:		_ Contact Preference: _	(day)
Accounts Payable Contact			
Name:	Cell:		Email:
Payment Preference: Check _	Cash _	ACH Bill.com _	<u> </u>
Makes Checks Payabl	e to: Be	ent Water Distrib	ution
for BWBC I,LLC to enforce payment of a	any charges, a at these term	pplicant agrees to pay all cost of as are in addition to any other ter	rvice, unless otherwise agreed in writing with the credit department. Should it become necessary collection attorney fees, court costs, and interest at 18% annum on all amounts found to be due ms and conditions of sales and will be applied to all sales. I hereby certify that this application is d herein.
Print Name:			
Signature:			
Date:			