NEW CUSTOMER SET UP

**Please download and complete this form. Return to* orders@bissellmaplefarm.com

BILLING INFORMATION:

Company Name:	Address:
Primary Contact:	City, State, Zip:
Phone Number:	Email:
A/P Contact:	Buyer Contact:
A/P Email:	Buyer Email:
A/P Phone:	Buyer Phone:

SHIPPING INFORMATION:

Company Name:	Address:
Logistics Contact:	City, State, Zip:
Logistics Email:	Logistics Phone:

Lift Gate Required? ☐ **Y/N** ☐

Appointment Required? ☐ **Y/N** ☐

Back Orders Accepted? ☐ **Y/N** ☐

SPECIAL INSTRUCTIONS FOR DELIVERY:

Business Type:	Social Media URLs:
Federal Tax ID #:	**Terms:** I acknowledge that a credit card is required for opening orders. Our authorization form will be sent to you at the time of your opening order

Signature: _____ **Date:** _____

☐ I have read the terms and conditions