

NEW ACCOUNT FORM

PLEASE FILL OUT AND EMAIL DIRECTLY TO: CAM@DEEPROOTED.LIFE
FOR ADDITIONAL QUESTIONS, PLEASE CALL (619) 703-7225
PLEASE ALLOW 24-48 BUSINESS HOURS FOR RESPONSE



BUSINESS INFORMATION

Business Name: _____ Rep: _____

Delivery Address

Street: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Buyer Contact: _____ Email Address: _____

Business Phone: _____ Cell: _____

Position (please select) Owner Buyer Other: _____

LICENSE INFORMATION

State ReSale License Number: _____

ACCOUNTING INFORMATION

Account Type On-Premise Off-Premise

Account Terms COD CREDIT (Net 14)

Do you want invoices emailed? Yes No

Do you want monthly statements emailed? Yes No

Name of Accounting Contact: _____

Accounting Contact Phone: _____ Accounting Email: _____

DELIVERY TIME(S)

Start Time: _____ Stop Time: _____

Rep See Day: _____

Delivery Days: _____

DELIVERY INSTRUCTIONS

(Information to help drivers get product to cooler):