



Account Application

BUYER CONTACT INFORMATION

First Name: _____ Last Name: _____

Email Address: _____

Phone # : _____

COMPANY INFORMATION

Account Name: _____

Phone # : _____

Delivery Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Tax ID #: _____

Liquor License # (optional): _____

Number of Years in Business: _____

DELIVERY PREFERENCES

Delivery Time requested (Minimum 4 hour window required): _____

Delivery Instructions: _____

CREDIT REFERENCE

Company Name: _____

Company Email Address: _____



Account Application

BANKING & ACCOUNTING

Accounts Payable Contact

First Name: _____ Last Name: _____

Accounts Payable Email: _____

Accounts Payable Phone #: _____

Prefer to pay (choose one):

- COD
- Automatic ACH from below bank account at net 30 (must complete the bank section below)
- Credit Card (must complete Credit Card Authorization Form)

Automatic ACH net 30 Bank Information:

Bank Name: _____

Account Number: _____ Routing Number: _____

By completing and signing this form, you agree to the terms and agreements found at:

www.farms2tables.com/terms-agreement

Authorized Signature _____ Date _____

Printed Name _____