

New **CUSTOMER** Information

Business Name: _____

Site / Delivery Address: _____

City, State Zip: _____

Company Phone: _____

Contact Name | Title: _____

Contact Phone: _____

Contact Email: _____

Receiving Days: M-F Other: _____

Hours: _____ Forklift? Yes No

Mailing Address: Same as Site/Delivery Address above

City, State, Zip: _____

Billing Contact: _____

Billing Phone: _____

Billing Email: _____

Purchase Orders Required: Yes No

Preferred Payment Method: Check Credit Card Other

Preferred Method of Invoice Delivery: Email to Billing Email Mailed to Mailing Address

Company Website: _____

Signing below you are stating all information is correct at time of signing and agree to terms of payment.

AGREEMENT: All invoices are to be **paid in full within 15 days** from the date of the invoice unless otherwise negotiated.

Request Different Payment Terms of Net _____ Days.

Signature: _____

Name: _____

Title: _____

Date: _____

We look forward to working with your company.



Thank You

Stormwater Biochar

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