



Customer # _____

New Customer Information Form

* Required Fields

* Date _____ * Taken By _____

* Residential Business Commercial Business (storefront)

* Company Name _____

* Billing Address _____

* City _____ * State _____ * Zip _____ * County _____ (not Country)

* Shipping Address _____

* City _____ * State _____ * Zip _____ * County _____

* Telephone _____ Alternate Phone _____

Fax _____ * Email _____

(Honey Acres does NOT sell your e-mail address or send spam)

* Sales Tax Exempt Number for your state: _____

(If located in WI we MUST have a [signed Exempt Form on file](#))

Business Type _____ Hours of Operation _____

Owner(s) _____

* Contact Person(s) _____

* Referred By (sales rep, business, website, Social Media...) _____

For office use:

PDF of Wholesale Direct Pricing Sent? Yes No When? _____

Comments : _____

E-mail Electronic PDF of Order Form

Give to Lisa to set up in Quick Books

Make Copy for Rep



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Fax: 1.920.474.4018