H2OREGON
PREMIUM BOTTLED WATER

Corporate Office
3575 Crates Way,
The Dalles, OR 97058

Portland Office
13487 SE Johnson Rd.
Portland OR 97222

Customer #_____

h2oregonwater.com
accounting@h2oregonwater.com
Toll Free: 1-800-829-9287

Date_____ ☐ New Account ☐ Additional

Residential ☐ **Commercial** ☐ Route #_____ Delivery Day_____ Frequency_____

Account Name_____ Phone_____ DAY

Delivery Address_____ Fax_____

City_____ State_____ ZIP_____ Email_____

Billing Address_____ City_____ State_____ ZIP_____

Contact Name_____

Commercial: Owner/Manager Name_____ Title_____

Tax ID#_____ Corporation_____ Private_____

Residential: Homeowner's Name _____

Employer (Name, Address, Phone#)_____

Credit Reference (Name, Address, Phone #)_____

Driver's License #_____ DOB_____

Statements: ☐ Mailed ☐ Emailed

How did you hear about H2Oregon? ☐ Salesperson ☐ Website ☐ Truck ☐ Referral Other_____

Equipment:

Cooler_____

Serial # _____

Rental Rate_____

Cup Dispenser _____

Cooler Color _____

Racks_____

Other_____

Products:		**Amount**
H2Oregon Premium Water 5 gallon	_____@ $7.95 each	$_____
H2Oregon Premium Water 3 gallon	_____@ $6.95 each	$_____
H2Oregon Spring Water 5 gallon	_____@ $9.50 each	$_____
H2Oregon Distilled Wtr 6/1gallon	_____@ $9.95 each	$_____
H2Oregon Premium Wtr 24/16.9 oz	_____@_____	$_____
H2Oregon Premium Wtr 24/20 oz	_____@_____	$_____
H2Oregon Water Cups/Sleeve 50 ct	_____@_____	$_____
H2Oregon Water Cups/Case 2000 ct	_____@_____	$_____
Refundable Bottle Deposit 5/3 gallon	_____@ $10.00 each	$_____
Other:_____	_____@_____	$_____
Service fee per delivery	_____@ $8.00	$_____
Cooler Rent_____ Month_____	_____@_____	$_____
	TOTAL CHARGES	$_____
	PAID	$_____
	BALANCE DUE	$_____

Service Info:

Credit Card # _____ Exp Date_____

Code_____

Card Holder's Printed Name_____

Terms & Conditions: ❑ COD ❑ Charge Terms_____ ❑Monthly Agreement ❑Annual Agreement _____years

I/we agree to all terms and conditions of this agreement between the customer, and H2Oregon. By signing this agreement, I/we agree to a credit verification for equipment installation and I/we agree to be responsible for all charges incurred on this account. H2oregon will impose a $25 NSF fee on all returned checks. Service charge will be imposed on past due accounts. I/we agree to general terms and conditions on the reverse side of this agreement.

Customer Signature_____ Date_____

H2Oregon Representative_____ Date_____