



200 RIVERPLACE BLVD.
SUITE 105, #1186
JACKSONVILLE, FL 32207

phresh-h2o.com
404-610-2519

CUSTOMER ORDER FORM

CUSTOMER NAME _____ ORDER DATE _____

ACCOUNT NUMBER _____ PO NUMBER _____

REQUESTED BY _____

CUSTOMER PHONE NUMBER _____

CUSTOMER EMAIL _____

FACILITY ADDRESS

SHIP TO (Property Name) _____

SHIPPING ADDRESS _____

CITY _____

PHONE _____

STATE _____

ZIP _____

ORDER INFORMATION

# OF CASES	
# OF PALLETS	
PREFERRED DELIVERY DATE	
PREFERRED DELIVERY TIME	
PAYMENT TYPE	
SUBTOTAL	
TAXES	
TOTAL	

BILLING INFORMATION

STREET	
CITY	
ZIP CODE	
CREDIT CARD NUMBER	
MONTH	
YEAR	
CVV	

CUSTOMER SIGNATURE _____

DATE _____

Make checks payable to pHresh, Incorporated.