1200 RIVERPLACE BLVD.
SUITE 105, #1186
JACKSONVILLE, FL 32207

1-844-9pHresh
phresh-h2o.com

# 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.

SUBMIT FORM CLEAR FORM