



Kush Oasis Enterprises, LLC

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NEW CUSTOMER INFORMATION

Company Name: _____

Contact Person: _____ **Title:** _____

Telephone: _____ **Facsimile:** _____

Email: _____ **Website:** _____

Type of Business: _____ **Number of Stores:** _____

How did you hear about us? _____

Amount of goods you expect to purchase this year: \$ _____

Billing Address: **Business** **Residence**

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Shipping Address: **Business** **Residence**

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

State (Sales) Tax #: _____

Payment Method:
 Visa MasterCard American Express Debit* Cash Checks* Credit Term*

Card Number: _____ Expiry: _____

Name: _____

(Exactly as it appears on the card)

If you would like to apply for 30 day terms, please fill our Credit Application form.

* For debit – Pick up order only *. For check – Product ship upon clearance through bank

* For credit term – Subject to approval (Complete application form)

For Office Use Only	
Sales Rep:	Terms: