



New Customer Request Form

Date: _____

Company Name: _____

Contact: _____ Phone: _____

Mobile: _____ Fax: _____ Email: _____

Billing Address:

Delivery Address:

_____	_____
_____	_____
_____	_____

Ownership Type:	LLC	LLP	LLC/LLCP#:	_____
	Corporation		Corp ID #:	_____
	Partnership		Part ID #:	_____
	Sole Proprietorship		SSN #:	_____

Once completed, please return from, along with State of Hawaii Department of Taxation Form G-17, Resale Certificate for Goods General Form 1 (<http://files.hawaii.gov/tax/forms/2016/g17.pdf>).

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OFFICE USE ONLY

Account #: _____ Date: _____ Salesperson: _____