



experience the taste of aloha

99-1305 Koaha Place, Aiea, Hawaii 96701
ph: (808) 486-3300 | fx: (808) 486-3320

Commercial Information Sheet

Fax#: _____

Company Name: _____

Delivery Address: _____

City: _____ Zip: _____ Phone#: _____

Bill To: _____ Address: _____

City: _____ Zip: _____ Phone#: _____

Property Manager: _____ Phone#: _____

Name of Owner: _____ Home#: _____

Home Address: _____ City: _____ Zip: _____

Social Security Number: _____

Office Manager: _____ Authorized Signer: _____

Ordered By: _____

Federal ID #: _____ State Tax ID #: _____

Please note that the information on this sheet will be kept in the strictest of confidence. This information is solely for our protection and the protection of our equipment. Please further note that by signing this form the signer is the sole guarantor and thus liable for all possible charges that may ensue from this account.

Print Full Name: _____

Signature: _____ Date: _____

Owner: Print Full Name: _____

Signature: _____ **Date:** _____