



8164 Bank Street Rd., Batavia, NY 14020
585.813.8399 orders@newyorkcraftmalt.com

CUSTOMER INFORMATION FORM

Date: _____

ALL INFORMATION REQUIRED!

Legal Business Name: _____

Contact name: _____

Phone: _____ Email address: _____

Choose one: Sole Proprietor Partnership Corporation LLC Other

If Other, explain: _____

Federal Tax ID #: _____ Website: _____

Billing Information:

A/P Contact Person: _____

Phone: _____ Email address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Are you NYS Sales Tax Exempt: Yes No If yes, fill out ST-120 Sales Tax Certificate Form

Is a PO number required for purchases: YES NO

Shipping Address: Same as Billing Address

If Shipping Address is different from Billing Address, please fill in below:

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Contact Person: _____

Phone: _____ Email address: _____

ACCOUNT INFORMATION:

Business Type: Microbrewery Farm Brewery Dual License Brewery Other

If Other, explain: _____

Is merchandise for resale? Yes No

Estimated annual purchase in lbs.: _____ Average order in lbs.: _____ Frequency of order: _____

Intended use: Brewing Distilling Animal Feed Other

If Other, explain: _____

Email form to: orders@newyorkcraftmalt.com

www.newyorkcraftmalt.com