



OGeez! Brands NY LLC

Accounting Contact: Megan Russell
NY-accounting@ogeezbrands.com

CUSTOMER PROFILE FORM

CUSTOMER INFORMATION

COMPANY/FIRM NAME as shown on Federal Tax Return		TAX ID NUMBER FEIN OR SSN
DISPENSARYNAME/LICENSE NAME (If different from above)		CANNABIS LICENSE NUMBER
DISPENSARY ADDRESS		CUSTOMER WEBSITE
CORPORATE/BUSINESS ADDRESS (If different from address above)		
ACCOUNTING CONTACT (REQUIRED)	PHONE	EMAIL
PURCHASING CONTACT	PHONE	EMAIL
SALES CONTACT	PHONE	EMAIL

PREFERRED PAYMENT METHOD circle one		
CASH	CHECK	ACH

DELIVERY PREFERENCE	
DAY OF WEEK	DELIVERY TIME WINDOW

PLEASE ATTACH IRS FORM W-9 TO THIS FORM.