



NEW CUSTOMER INFORMATION FORM – ALCOHOL ACCOUNTS

Date: _____ Phone #: _____

Legal Name: _____ Trade Name: _____

Chain Account: Yes / No Chain Unit #: _____ E-Mail: _____

Liquor License #: _____ Expiration Date: _____

Franchiser/Parent Co. Name: _____

Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Person & Title: _____ Name of Owner: _____

Name of Unit Manager: _____ Name of Buyer: _____

Type of Business: _____

State Tax #: _____ EIN: _____

Delivery Location: ___ L-Loading Dock ___ S-Side Door ___ B-Back Door ___ F-Front Door

Available Delivery Hours: _____ to _____

Special Delivery Instructions: _____

Before or After Business Hours Phone # for Delivery: _____

COMPLETED RESALE OR EXEMPT SALE CERTIFICATE MUST BE ATTACHED

OFFICE USE ONLY

Customer #: _____ Salesperson: _____

Sales #: _____ Group Code: **BEER** Street Acct: _____ Key Acct: _____

TERMS EFT: Electronic Funds Transfer _____ **COD** (check or cash upon delivery) _____

Regular Selling Sequence: _____ - _____ Delivery Sequence: _____ - _____

_____ - _____ _____ - _____

Holiday Selling Sequence: _____ - _____ Delivery Sequence: _____ - _____

Associated Account #: _____

