



New Account Form

NAME OF ACCOUNT: _____

PARENT COMPANY OR DBA: _____

SHIPPING ADDRESS: _____

MAILING ADDRESS: _____

BUYER'S CARD NUMBER (LIQUOR PERMIT #): _____ EXP: _____

MN STATE SALES TAX ID #: _____ STATE ID #: _____

ON PREMISE _____ OFF PREMISE _____

METHOD OF PAYMENT:

___ NET 30 ___ FINTECH ___ COD ___ OTHER

PAYMENT DETAILS: _____

BUYER'S NAME: _____ PHONE: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE: _____

EMAIL: _____

ADDITIONAL CONTACTS:

DELIVERY INSTRUCTIONS:

DELIVERY DATE TIME PREFERENCES:

FIRST CHOICE: _____ SECOND CHOICE: _____

SALES REP: _____ DATE: _____