

NEW ACCOUNT INFORMATION

Account Name _____

Open Date _____

Address:

Street _____

City _____

Zip Code _____

Telephone _____

Fax _____

Manager/Owner Name _____

On Premise _____ Off Premise _____

Idaho State License # _____ Expiration _____

Package only _____ Draught Only _____ Both _____

Salesman _____ Route # _____ Sell Days _____

Delivery Route _____ Delivery Days _____

P.O.S.: Permament _____ Temporary _____ Both _____