



## New Account / Account Info Change Form

\* Retailers: please fill out the highlighted information

Today's Date: \_\_\_\_\_ **Check / EFT / Fintech** Effective Date: \_\_\_\_\_

Acct #: \_\_\_\_\_ Former Account Name: \_\_\_\_\_

Account Name (DBA): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street

\_\_\_\_\_

City / State

Zip Code

County

Manager: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\* Below to be completed by Watkins \*\*\*

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

N/A Only (Y/N): \_\_\_\_\_

POS: Temp \_\_\_\_\_ Perm \_\_\_\_\_

On/Off Premise: \_\_\_\_\_

Draught (Y/N): \_\_\_\_\_

Chain #: \_\_\_\_\_

Package (Y/N): \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Route Driver: \_\_\_\_\_

Sell Day: M T W Th F

Delivery Day: M T W Th F

Type of Account: (Circle One)

Bar

Restaurant

Gas and Convenience

Grocery

Casino

Golf

Recreational

Other: \_\_\_\_\_

\*\*Send completed forms to [ccook@watkinsdist.com](mailto:ccook@watkinsdist.com)