

10αay s Date:	Today's Date:	
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Customer Information Packet

New Customer Location:	☐ Change of O	wner	WWBEV Represe	ntative Pl	hone #
Account Name	Store	e #	Customer Numbe	r	
Delive	ry Address		I	Mailing Ado	dress
Address (No PO BOXES)			Address		
City	St	Zip	City	ST	Zip
Phone 1			Phone 2		
Resale #	Fec	d ID#	SSŧ	 	
Owners Name:			Title:		
Contact Name:			Title:		
Terms: (Circle One)	Cash Check Ch	narge (For Charge	e: You may be put on	cash/check	for up to 90 days)
	Select One Busin	ess Segment Gro	up (For Business Us	e Only):	
Beer Liquor Pop Shop	Chain/Resta	urant Bar	College/University		Convenience & Gas
Distributor Sales	Dollar Stores	5	Drug Stores		Elem/High Schools
Hospital/Health Care	Hotels/Mote	els	Movie Theatre		Industrial Offices
Recreation/Amusement	t Retail Goods	s/Services	Special Events		Wholesale
Super Markets	Third Party V	/endors			
Selling Method: Pre-sell Full Service Conventional	Delivery Method: Dispatch Bulk Non-Disp	Presell Day: Selling Route:		elivery Day:_ livery Route	<u> </u>