

SACCANI DISTRIBUTING COMPANY CUSTOMER PROFILE

___NEW ACCOUNT

___CHANGE OR ADD INFO

___CLOSE ACCOUNT

OLD ACCOUNT#_____

OLD DBA NAME_____

ACCOUNT NUMBER FOR CHANGES ONLY_____

LICENSEE LEGAL NAME_____

D.B.A. _____

STREET_____

CITY_____STATE_____ZIP CODE_____

PHONE #(____)_____

BUYER_____LICENSE #_____

DELIVERY LOCATION: FRONT BACK SIDE

RECEIVING TIMES_____

SPECIAL INSTRUCTIONS_____

DELIVERY DAY: MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

CREDIT APPLICATION: YES / NO

STORE ETHNICITY: _____COUNTY_____

1-ON SALE 2-OFF SALE DRAFT STATUS: OURS/THEIRS/OURS & THEIRS/ OTHER

MARKET TYPE: BAR/RESTAURANT/GROCERY/DELI/CONVENIENCE/OTHER

BUYING: YES / NO

ROUTE#_____

SALESPERSON_____

ACCOUNT #_____