SACCANI DISTRIBUTING COMPANY CUSTOMER PROFILE NEW ACCOUNT CHANGE OR ADD INFO OLD ACCOUNT# CLOSE ACCOUNT OLD DBA NAME ACCOUNT NUMBER FOR CHANGES ONLY LICENSEE LEGAL NAME D.B.A. STREET CITY_____STATE___ZIP CODE PHONE #() BUYER John Smith LICENSE # DELIVESTRUSINGS DICATION: FRONT BACK SIDE RECEIVT1231Main StES SPECIAL INSTRUCTIONS CA 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 Test delivery instructions BUYING: YES/NO ROUTE# SALESPERSON ACCOUNT