

Teton Distributors Inc.

Date _____

Customer Account Form

Customer # _____ Federal Tax Identification # _____

Liquor License # _____

Circle One: Partnership Corporation Individual

Customer Name & Business Physical Address

Bill to Name and Address (If not the same)

Name

Line 1

Line 2

City State Zip Code

City State Zip Code

Contact Person Owner

Store Manager

Name _____

Name _____

Store Phone # _____

Cell Phone # _____

Cell Phone # _____

Text Messages Ok YES or NO

Text Messages Ok YES or NO

Email Address _____

Email Address _____

Best time to Pre Sell and Deliver

Week Day and Time to Pre Sell _____

Week Day and Time to Deliver _____

For Alcoholic Accounts Please attach a copy of your liquor license

Thank You

Teton Distributors