



**FLORIDA  
NEW CUSTOMER MASTER DATA**

ACCOUNT			
DATE		CORPORATE NAME	
DBA			
ESTABLISHED SINCE		EIN#	DBPR BEV LICENSE ID
STREET ADDRESS		CITY / STATE / POSTAL CODE	
PRIMARY LANGUAGE	PAYMENT METHOD:		DELIVERY NOTES:
PRIMARY CONTACT (BUYER)			
NAME		TITLE	
BUSINESS PHONE		CELL NUMBER	EMAIL
BILLING CONTACT / AP			
NAME		TITLE	FAX
PHONE BUSINESS		CELL	EMAIL
OWNER / SHAREHOLDER			
NAME		PHONE #	EMAIL
ADDITIONAL CORPORATIONS			
ADDITIONAL OWNERS			
NAME		PHONE	EMAIL
COMMENTS		NOTES	
ADDITIONAL CORPORATIONS			
BANK REFERENCES			
BANK NAME		ADDRESS	ACCOUNT #
			ACCOUNT OPEN SINCE
TRADE REFERENCES			
list at least two industry-related references			

I certify that I am authorized to sign and submit this application for and on behalf of the applicant. By signing this application, applicant agrees that all sales to applicant shall be subject to the standard terms and conditions of sale of United Cellars Inc

NAME OF APPLICANT	SIGNATURE	DATE