H. COX & SON

NEW CUSTOMER FORM

DATE: / /

BUSINESS INFORMATION

Licensed Name:

DBA Name, if different:

Address:

City: State: Zip Code:

County:

BUYER CONTACT

Name: _____

Email: _____ Phone Number: _____

OPERATIONS INFORMATION

Company owner's name: _____

Business house of operation: _____

Delivery limitations or preferences: _____

MLCC liquor license number and expiration date: _____

SALES INFORMATION

Are you open seasonally? ☐ Yes ☐ No

Do you require scannable price lists? ☐ Yes ☐ No ☐ Unsure

What package types are you interested in? ☐ Package only ☐ Draft only ☐ Package and draft

If you are a prospective off-premise customer, how would you classify yourself? (circle one)

Convenience Store | Supermarket | Package Store | Mom & Pop Grocery Store | Club
Drug Store | Gas Station | Super Center | Service/Gas Station | Party Store |
Other:

If you are a prospective on-premise customer, how would you classify yourself? (circle one)

Tavern | Resort/Hotel | Private Club/Service Organization | Sports Club | Chain Account
Restaurant | Bowling Alley | Concession Stand | Other:

Additional Notes

_____

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