

-Oak Beverages-

INCORPORATED

COD UPDATE/NEW ACCOUNT

Date: _____ Customer # _____

*Licensee Name: _____

*Store Name (DBA): _____

*Street Address: _____

*City: _____ County: _____ Zip Code: _____

*Mailing Address: _____

*City: _____ County: _____ Zip Code: _____

*Business Phone #: (____) _____ FAX #: (____) _____

*EIN (or Social Security) #: _____

*Sales Tax Certificate#: _____

*License (SLA Serial) #: _____ SLA Exp Date: _____

Salesman # _____ Route Sequence # : _____ (1-5 the day of the week you plan to call on the account 1=Mon 2=Tues 3=Wed 4=Thurs 5=Fri)

On Premise: YES () NO ()

Key for questions 1-4 on bottom of form: 1:Status _____ 2: Payment Codes: _____

3: Distribution Code (On Premise) _____ 4: Off Premise: _____

Delivery Instructions: _____ Time: _____

Additional Information: _____

First Order: _____

Plumbing Call: Yes () No ()

Status: R (Regular) I (Inactive) S (Seasonal) E (Exceptional) **2. Payment Codes:** CHG (Charge) COD (Collection on Delivery) CSH (Cash Only) SLA (State Liquor Authority List) **3. Distribution Code (On Premise):** 21(Adult Entertainment)22(Airline/Transportation)23(Bar/Tavern)24(BowlingCenter)25(Casino/Gambling)26(Concessionaire)27 (Golf/Country Club)28 (Hotel Motel)29(Military on Premise)30(Music/Dance Club)31(Private Club)32(Restaurant)33(Sports/Special Event Temp Lic) 34(Sports Bar) **4. Off Premise:** 01(Convenience/Gas) 02(Drug Store) 03(Liquor Store) 04(Military off Premise) 05(Neighborhood Store) 06(Special Event off Premise) 07(Open) 08(Super Center) 09(Supermarket)

***Information required by TSB-M-09(10) S-NYS Department of Taxation and Finance**

EIN –Federal Identification Number

Use Social Security Number if sole proprietorship

Fax#845-353-3577

One Flower Lane-Blauvelt, NY 10913-Tel:(845) 353-1800 (718) 652-8555

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