



44 HIGH STREET
WEST NYACK NY, 10994
WWW.OAKBEVERAGESINC.COM

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 (Bowling Center) 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

44 HIGH STREET WEST NYACK, NY 10994 • TEL: (845) 353-1800

