



# NEW ACCOUNT FORM

Chain Name: \_\_\_\_\_

Customer Service @ (760) 539-3855 ext 5  
Accounts Receivable @ (760) 539-3855 ext 1

Store #: \_\_\_\_\_

Please fill out this form in complete and give to your  
SDC SalesRep or email to: [StonePurchases@stonedistributing.com](mailto:StonePurchases@stonedistributing.com)

Account Name: \_\_\_\_\_ SDC Sales Rep: \_\_\_\_\_

### Delivery Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Billing/Mailing Address (If different from Delivery Address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information

(Please include first AND last names for all contacts)

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Order/Delivery Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_

Owner/Financially Liabile : \_\_\_\_\_ Ph #: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_

Accounting Email: \_\_\_\_\_

Do you want invoices emailed? Yes [ ] No [ ]  
Do you want monthly statements emailed? Yes [ ] No [ ]

### Licensing Information

ABC License #: \_\_\_\_\_ Account Type: [ ] On-Premise [ ] Off-Premise

State Seller's Permit #: \_\_\_\_\_ Terms: [ ] C.O.D. [ ] NET 30/Credit (email required)

Able to sell liquor - check this box: EDI FINTECH iCONTROL

Delivery Hours - (Please provide a 5+ hour delivery window (minimum) for the account)

A.M. Start Time: \_\_\_\_\_ A.M. End Time: \_\_\_\_\_ & P.M. Start Time: \_\_\_\_\_ P.M. End Time: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Preferred Delivery Day(s): \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_