



NEW ACCOUNT FORM

Customer Service @ (760) 294-7899 x 1980
Accounts Receivable @ (760) 294-7899 x 1810

Please fill out this form in complete and give to your Stone Sales Rep or email to: stonepurchases@stonebrewing.com

Account Name: _____ Stone 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 #: _____

Alternate Contact: _____ 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:

Delivery Information

Delivery Hours - (Please provide a minimum of a three hour window)

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: _____

