

**MASTER FILE CHANGES AND NEW ACCOUNTS**

**DATE:** \_\_\_\_\_ **SLSM#** \_\_\_\_\_ **SLSM NAME:** \_\_\_\_\_

**PROFILE**

NAME AND ADDRESS

RETAILER ID: \_\_\_\_\_  
DBA NAME: \_\_\_\_\_  
LICENSEE NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
PHONE#: \_\_\_\_\_  
BUYER: \_\_\_\_\_

LICENSE: \_\_\_ TRANSFER \_\_\_ ORIGINAL

**FORMERLY**

ACCT# \_\_\_\_\_  
NAME \_\_\_\_\_

<b>DELIVERY DAYS:</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>
	___	___	___	___	___
<b>CALL DAYS:</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>
	___	___	___	___	___

LICENSING

LICENSE# \_\_\_\_\_ (MSS#)  
LICENSE# 2 \_\_\_\_\_ (SLSREP# STAT)

MAILING ADDRESS

ADDRESS: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

MARKET DEMOGRAPHICS

MARKET TYPE: \_\_\_\_\_ \*\*\*\*  
ON/OFF PREMISE TYPE: \_\_\_\_\_  
PACKAGE CONSUMPTION TYPE: \_\_\_\_\_ (YES/NO)  
DRAFT CONSUMPTION TYPE: \_\_\_\_\_ (YES/NO)

ACCOUNTS RECEIVABLE

TAX ID: \_\_\_\_\_

DELIVERY INSTRUCTIONS

ADDITIONAL SERVICE INSTRUCTIONS: \_\_\_\_\_

INVOICING

DUPLICATE INVOICE OPTION: \_\_\_\_\_ (YES/NO)

**** MARKET TYPES	
<b>ON PREM.</b>	<b>OFF PREM.</b>
SPORTS BAR	SUPERMARKET
PRIVATE CLUB	SUPER CENTER
BAR/TAVERN	NEIGHBORHOOD GROCERY
ADULT ENTERTAINMENT	DRUG STORE
MILITARY/ON	LIQUOR STORE
AIRLINE/TRANSPORTATION	WHOLESALE
CASINO/GAMBLE	MILITARY/OFF
RESTAURANT	CONVENIENCE/GAS
HOTEL/MOTEL	NON ALCOHOL
GOLF/COUNTRY CLUB	
BOWLING CENTER	
MUSIC DANCE	
CONCESSION	
SPECIAL EVENT	