CONNECTICUT DISTRIBUTORS, INC.

National Accounts Compliance Form

Date: _____

Supplier: _____

Chain Account Name: _____

Program Description: _____

Program Dates: _____

Return by: _____

Check Off Compliance					Required Additional Follow up
Product:					1. POS must be verified and a copy attached where applicable
Brand Code:					
Price:					
Placement Type:					

Customer no.	Sales Rep.	Unit Locations					Comments

Special Action Required:

Staff Training Offered?
YES NO

Estimated Usage:

LEGEND

WBG-Wine by the glass	M-Mandatory
WL-Wine List Placement	A-Authorized
D/WF-Drink/Wine Feature	X-Placed
BBP-Back Bar Placement	O-Customer not participating