



CONNECTICUT DISTRIBUTORS INC.

333 LORDSHIP BOULEVARD, STRATFORD, CONNECTICUT 06615-7100

NEW ACCOUNT REPORT

KAM _____ /Salesman _____ /Team _____ DATE FIRST SEEN: _____

ACCOUNT NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

TEL: _____ FAX: _____

NAME OF PREVIOUS ACCOUNT _____ PERMITTEE: _____

CONTACT NAME: _____ TITLE: _____

OTHER MANAGER: _____ BAR MANAGER: _____

CLASSIFY THIS ACCOUNT: HT MT LT (Circle one)
High Profile _____ High Prestige _____

ON PREMISE MANAGER NEEDED: Yes No (Circle one)

ASSIGNED ON PREMISE MANAGER: _____

FOLLOW UP DATE: _____ DATE: _____

CREDIT APPLICATION TO ACCOUNT: _____ YES _____ NO

IF NO, WHEN IS THIS EXPECTED? _____

CREDIT APPLICATION PROPERLY FILLED OUT: _____ YES _____ NO

WAS GUARANTY SIGNED: _____ YES _____ NO

REASON WHY GUARANTY WAS NOT SIGNED _____

PROPOSAL: DESCRIBE MAJOR ITEMS

WINE BY THE THE GLASS _____

WINE LIST _____

WELL POUR _____

CORDIAL LINE _____

SPIRITS _____

LIQUEUR/BRANDIES _____

