



SARATOGA EAGLE
SALES & SERVICE

NEW ACCOUNT FORM

This form needs to be filled out by a Saratoga Eagle Sales Representative.

**Please submit a copy of NYS Liquor License and NYS Certificate of Authority*

Licensee Name _____

D.B.A. _____

Buyer _____ **Serial #** _____

Billing Contact _____ **Exp. Date** _____

Street _____ **Cycle** _____

City/State/Zip _____ **Phone** _____

County _____ **Fed Tax ID #** _____

Closest Acct. _____ **Authority #** _____

Previous Name _____

Proprietor's Personal Information:

Name _____

Address _____

Phone _____

E-mail address _____

Supervisor _____

Salesman _____

On/Off Premise _____

Bus. Type _____

Seasonal _____

Day to Sell _____

Route Sequence _____

Special Inst. _____

Office Use Only

Acct # _____

Terms _____

Zone Seq. _____

RBRMAS _____