



NEW ACCOUNT FORM

LICENSEE NAME

LIQUOR LICENSE #

LICENSEE MANAGER

E-MAIL ADDRESS

ADDRESS

ACCOUNT PAYMENT CONTACT

CITY

PAYMENT METHOD

POSTAL CODE

TELEPHONE

HOURS OF OPERATION

OPEN FOR DELIVERY

ADDITIONAL NOTES

BY SIGNING THE NEW ACCOUNT FORM, CUSTOMER HAS AGREED TO ALL POLICIES OUTLINED IN "HOW WE OPERATE" REGARDING: COD PAYMENT TERMS, DELIVERY, AND ORDERING.

TITLE

SIGNATURE



CREDIT CARD AUTHORIZATION

LICENSEE NAME

LIQUOR LICENSE NO.

ADDRESS & PHONE NUMBER

I / WE HERBY AUTHORIZE HMH NEGOTIANTS (KEEP6 IMPORTS)
TO CHARGE MY CREDIT CARD (PLEASE SELECT BELOW):

VISA

MASTERCARD

AMEX

CREDIT CARD NUMBER

EXPIRY DATE

3 DIGIT SECURITY NUMBER

NAME ON CARD

TITLE OF CARDHOLDER

SIGNATURE OF CARDHOLDER