



New Account Form

Business Name * _____

Contact Name * _____

Title / Position * _____

Address * _____

City _____ State _____ Zip _____

Phone * _____ Email Address * _____

Preferred Method of Contact

☐ Phone ☐ Text ☐ Email

Pick up / Drop off notes

Federal Tax ID (EIN) * _____ ABC License # * _____

Terms *

By checking this box you authorize Lincoln Beer Company to fulfill orders as requested per the contact listed above and agree that all invoices are to be paid 30 days from the date of the invoice.

☐ I agree

Signature _____ Date _____