

NEW ACCOUNT FORM

Please fill out and email directly to: Info@ScoutDist.com
For additional questions, please call +1 (858) 401-7707
Must be received by 4pm for next day delivery



BUSINESS INFORMATION

Business Name: _____ Rep: _____

Delivery Address

Street: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Buyer Contact: _____ Email Address: _____

Business Phone: _____ Cell: _____

Position (please select) Owner Buyer Other: _____

Cell Number for Text Notifications for Delivery ETA (automated): _____

LICENSE INFORMATION

ABC License Number: _____ Expiration Date: _____ State ReSale License Number: _____

ACCOUNTING INFORMATION

Account Type On-Premise Off-Premise

Account Terms COD CREDIT (Net 30)

Do you want invoices emailed? Yes No

Do you want monthly statements emailed? Yes No

Name of Accounting Contact: _____

Accounting Contact Phone: _____ Accounting Email: _____

DELIVERY TIME(S)

Start Time: _____ Stop Time: _____

Scout Rep See Day: _____

Scout Delivery Days: _____

DELIVERY INSTRUCTIONS

(Information to help drivers get product to cooler):