

Account Setup Form

4340 Washington Ave. New Orleans, LA 70125

> (504)822-3385 www.cwlcnola.com

(*Required)

				(Required)
		Business Info	rmation*	
Account Name (Name of Resta	aurant, Bar, Etc.)*			
(,,			
Account Address (Street Add	ross City State and 7	'in Codo*		
Account Address (Street Add	iess, City, State, and Z	ip Code)*		
Business Phone Number*		Bu	Business Email Address*	
Business Entity Name*				
		Primary Contact	Information*	
Full Name*	Job Title*	Cell Number*	Email Addre	c.c.*
Tun Name	Joo Title	Cell Nulliber	Eliali Addie	55.
		Other Contact I		
Full Name	Job Title	Cell Number	Email Addre	ss
Full Name	Job Title	Cell Number	Email Addre	ss
Full Name	Job Title	Cell Number	Email Addre	88
Tunitune	Joo Thie	Con i tumber	14mm / Tudic	
E- II No	I.1. T21.	Call Manulage	Email Addre	
Full Name	Job Title	Cell Number	Email Addre	SS
	Other Pers	ons Authorized to 1	Place and Pick-up Orders	
Name(s)	Cell	l Number(s)	Email(s)	
		Comme	nts	
		Documents A	Attached	
ATC Liquor Permit*	State Resa	ale Certificate*	Orleans Parish Resale Certificate (If Located in Orleans Parish)	
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