



Account Setup Form

4340 Washington Ave.
New Orleans, LA 70125

(504)822-3385
www.cwlcnoia.com

(*Required)

Business Information*

Account Name (Name of Restaurant, Bar, Etc.)*

Account Address (Street Address, City, State, and Zip Code)*

Business Phone Number*

Business Email Address*

Business Entity Name*

Primary Contact Information*

Full Name*

Job Title*

Cell Number*

Email Address*

Other Contact Information

Full Name

Job Title

Cell Number

Email Address

Full Name

Job Title

Cell Number

Email Address

Full Name

Job Title

Cell Number

Email Address

Full Name

Job Title

Cell Number

Email Address

Other Persons Authorized to Place and Pick-up Orders

Name(s)

Cell Number(s)

Email(s)

Comments

Documents Attached

ATC Liquor Permit*

State Resale Certificate*

Orleans Parish Resale Certificate (If Located in Orleans Parish)