

# Brand Name Imports, LLC.

## Toll Free (877)809-0929 FAX (941)371-9204

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

<b>Customer Information</b>				<b>Location Name:</b>			
				<b>Location Address:</b>			
	<i>Chain #</i>	<i>Account Number</i>		<b>City:</b>		<b>Zip Code:</b>	
	<b>Account Type:</b>	<i>On Prem</i>	<i>Off Prem</i>	<i>Misc</i>	<b>Phone Number:</b>		<b>Fax Number:</b>
	<b>Buyer's Name:</b>				<b>Owner's Name:</b>		
	<b>E-mail:</b>				<b>Mailing Address:</b>		
	<b>Phone Number:</b>				<b>City:</b>		<b>Zip Code:</b>
				<b>Phone Number:</b>		<b>Fax Number:</b>	

<b>License Information</b>		<b>BEV-</b>							
	<i>Type</i>	<i>License Number</i>	<i>Expiration Date</i>	<i>Resale Tax Certificate Number</i>					
	<input type="checkbox"/> Temporary	<b>Special License Type:</b>		S	SR	SRX	X	1DP	2DP
<input type="checkbox"/> Permanent	Is this the original owner of the license? Y or N								

<b>Delivery Instructions</b>	Deliver any day of the week? Y or N				If No, D-Days of week to deliver:				
	<b>Circle One: Mon Tue Wed Thu Fri Sat Sun</b>								
	<b>Delivery Times:</b>	<i>Account Opens:</i>		_____	AM/PM	<i>Account Closes:</i>		_____	AM/PM
	<b>Preferred Delivery Window:</b>	_____ to _____		OR	_____ to _____				
	<b>Special Delivery Notes:</b>								

<b>Internal Use Only</b>	<b>Salesperson Assignment:</b>				<b>Comments or Notes:</b>				
	<b>Primary Rep:</b>								
				<b>Collections:</b>		<i>Initials:</i>			
				<input type="checkbox"/> Ship Open	<i>Date Set-up:</i>				
				<input type="checkbox"/> Ship COD	<i>Date Completed:</i>				

**\*\*Attach License Information Screen and Delinquent Screens from State Website.(www.myfloridalicense.com)**