



2510 Gravel Drive  
Ft Worth, TX 76118

local 817-595-0667  
toll free 800-878-2425  
fax 817-590-9550

## CUSTOMER INFORMATION

Sales Tax #: \_\_\_\_\_ County: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Owner (If corporation, full corporate name): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Yrs at this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Yrs at this address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Principals (owner, corporate officer or partner):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Years in business: \_\_\_\_\_

Preferred Ordering Day & Time: \_\_\_\_\_

Manager Information:

Name	Title	Hours	Alt Phone #
_____	_____	_____	_____

E-Mail Contact:  
\_\_\_\_\_

### FOR OFFICIAL BAR MART USE ONLY:

Salesperson: \_\_\_\_\_ Code: \_\_\_\_\_

Customer Type: \_\_\_\_\_ Pyt Method: \_\_\_\_\_