

PINE STATE SPIRITS CO.

New Vendor/Broker Form

Date: _____ **Vendor Name:** _____ **Broker Name:** _____

VENDOR

Primary Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address	

Accounting Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	

Bailment Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	

Sales Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	

BROKER

Primary Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address	

Accounting Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	

Bailment Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	

Sales Contact Name:	
Telephone #:	
Cell #:	
e-Mail Address:	
Company Address:	