1 Chamber Rd ~ Palmer, MA 01069 ~ 413-527-8283

NEW ACCOUNT SET-UP

To our customers:
Please complete the following information, this must be completed before receiving your first order.
In addition to this form, a copy or photo of the current ABCC license is required.

Please return via one of the following ways:
Email: marie@yiannisdistributing.com
Text: 413-559-8500

Customer Legal Name _____

DBA _____

Street Address _____

City _____ State _____ Zip Code _____

ABCC License Number _____

Tax ID Number _____

Contact Name _____

Phone Number _____

Fax Number _____

Email Address _____

Applicant hereby agrees that all charges are payable to the 30 day terms of the invoice, unless otherwise agreed in writing with the credit department. The customer will be responsible for any fees from the back if a check is bounced. Should it become necessary for Yiannis Distributing, Co. to enforce the payment of any charges, the applicant agrees to pay all costs of the collection. I hereby certify that this application is true and correct and that I have the capacity to sign on behalf of the above named company.

_____ _____
Date Signature