

## New Account Set-up Information



Fax: 877.890.9021

Email: ar@lanternawines.com

Name of Account \_\_\_\_\_  
(Must match name on ABC license)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Must match address on ABC license)

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

County (MD only): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Status: ON PREMISE: \_\_\_\_\_ OFF PREMISE: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

ABC License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Maryland - please provide Sales and Use Tax Certificate ID#

DC - You MUST provide a copy of the license with this form.

Delivery Instructions / hours: \_\_\_\_\_

Payment Terms: COD \_\_\_\_\_ Credit card \_\_\_\_\_ \*DC Terms \_\_\_\_\_  
\*MD Terms \_\_\_\_\_ ACH \_\_\_\_\_ Melio \_\_\_\_\_  
Fintech \_\_\_\_\_

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

\* Requires Credit Approval

\*If selecting Credit Card or ACH, please have the signed authorization form attached with this document

**Office Use Only**

Credit App Received: (Y) or (N)

Credit Limit: \_\_\_\_\_