

A L L I E D



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New Account Forms

Name of Establishment: _____

Db Name: _____

License No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Delivery Hours: _____

Office Tele.: _____

Office Fax: _____

Mobile: _____

Email: _____

A/P Contact: _____

Tax Id No.: _____

Capacity of Person Signing: _____

Signature: _____

Owner Signature: _____

Owner Home Address: _____

Print Name: _____

Date: _____

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