NYSW Beverage Brands, Inc.
1458 County Rt 3 Halcott Center, NY 12430
(845) 254-5400 Fax (845) 254-5477

DISTRIBUTOR APPLICATION

Rev12-06-12

COMPANY NAME | DBA

CURRENT ADDRESS

CITY | STATE | ZIP

PHONE | FAX | EMAIL

LINE OF CREDIT- REQUSTED AMOUNT $ | DOES STATE, COUNTY, OR CITY REQUIRE LICENSE? ___YES ___NO

If YES, LICENSE #

MANAGEMENT INFORMATION

OWNER/PRESIDENT

GENERAL MANAGER

SALES MANAGER

AP CONTACT | AP PHONE#

AP FAX #

PROPRIETORSHIP	PARTNERSHIP (list all partners)	CORPORATION
		STATE OF INCORPORATION
		DATE OF INCORPORATION

YEAR BUSINESS ESTABLISHED | IRS EIN#

YEARS UNDER PRESENT MANAGEMENT | ANNUAL SALES ($)

MORTGAGE HOLDER / LANDLORD | ADDRESS and PHONE #

GEOGRAPHIC TERRITORY COVERED

STATE	COUNTY	POPULATION	NO. OF ACTIVE ACCOUNTS

GEOGRAPHIC TERRITORY COVERED (continued)

STATE	COUNTY	POPULATION	NO. OF ACTIVE ACCOUNTS

TYPE OF SALES STRUCTURE

"X" ALL THAT APPLY >>> ☐ Pre-sales in Person ☐ Driver Sales ☐ Telemarketing ☐ Cash and Carry Warehouse

NUMBER OF SALESPEOPLE NUMBER OF TRUCKS

ACCOUNT TYPE SOLD	Approx. Number of Accounts in Each Category	Key Accounts in Category
CONVENIENCE STORES		
SMALL GROCERY STORES		
GROCERY CHAINS		
SMALL DRUG STORES		
DRUG CHAINS		
MASS/DISCOUNTER CHAINS		
WHOLESALE CLUBS		
RESTAURANTS/BARS		
NIGHTCLUBS		
MILITARY PXS/COMMISSARIES		
GYMS/HEALTH CLUBS		
GAMING CENTERS		
OTHER		

OTHER PRODUCTS SOLD

BRAND	DESCRIPTION	SIZES	DATE FIRST SOLD	ANNUAL SALES (in Cases)

NYSW BEVERAGE BRANDS, INC.

AUTHORIZATION for RELEASE of FINANCIAL INFORMATION

Please Complete this Form So We May Obtain Credit Information from the References You are Providing.

To Whom It May Concern,

You are authorized to release any financial information relating to the individual or organization indicated below to:

NYSW Beverage Brands, Inc.
1458 County Rt. 3
Halcott Center, NY 12430

COMPANY _____

ADDRESS _____

CITY_____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

THIS FORM MAY BE REPRODUCED AND FAXED