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## NEW CUSTOMER INFORMATION

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City, State Zip

Contact Information: ( ) ( )  
Phone Fax

E-mail: \_\_\_\_\_

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## THIS SECTION FOR GROSKOPF USE ONLY

### WINE ARRIVAL

Tax Paid

In Bond

Vendor Code: \_\_\_\_\_

### RATES

Handling In: \_\_\_\_\_

Handling Out: \_\_\_\_\_

Storage: \_\_\_\_\_

### FYI

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