



Completed form may be submitted to sales@hgd.beer.
Please submit with a copy of your liquor license and a completed ST-4 or W-9

HGD Account Number:

New Account Form (MA)

Date _____ HGD Sales Rep _____

Account Information

Corporate Name: _____ DBA: _____

FED EIN#: _____ License #: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Corp/AP address: (if different): _____

City: _____ State: _____ Zip: _____

Social Media Handle: _____

Main Contact

Name: _____ Email: _____

Cell #: _____ Business #: _____ Title: _____

Second Contact

Name: _____ Phone #: _____

Email: _____ Title: _____

Delivery Instructions: _____

Delivery Service Window: Hours: _____ Days: _____

Accounts Payable Contact: (copies of invoices and statement will be sent to this contact)

Name: _____ Phone #: _____

Email: _____

Makes Checks Payable to: Homegrown Distribution

BILLING TERMS: NET 45

Applicant hereby agrees that all charges are payable according to the terms of our service, unless otherwise agreed in writing with the credit department. Should it become necessary for Homegrown Distribution LLC to enforce payment of any charges, applicant agrees to pay all cost of collection attorney fees, court costs, and interest at 18% annum on all amounts found to be due and payable.

Applicant hereby agrees that these terms are in addition to any other terms and conditions of sales and will be applied to all sales. I hereby certify that this application is true and correct and that I have capacity to sign this application for the customer named herein.

Print Name: _____

Signature: _____

Date: _____