



Completed form may be submitted to [sales@hgd.beer](mailto: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 (RI)

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 30

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: \_\_\_\_\_