



Regulated Retailer Enrollment

Retailer/Company Name										
Location Name or DBA										
Street Address										
Suite/Floor										
City										
State					Zip code					
Phone				Fax						
			CONTACT INF	ORMATION						
Primary Contact					Secondary Contact					
i illiary contact					occorridary contact					
Name:				Name:						
Title:				Title:						
Email:				Email:						
Phone: UNIQUE IDENTIFY				Phone:						
		ONIG	OE IDENTIFTIN	G INFORMA	TION		<u> </u>	<u> </u>		
FEDERAL TAX ID or EIN (9 digits)										
			BANK INFOR	RMATION						
Bank/Financial Institution Na	me						(Pleas	e provide a voided cl	neck)	
Routing Number (9 digits)										
Account Number										
Account Type (circle one)	Checking				Savings					
Debit/ACH Filters or blocks No, the above listed account does not have debit blocks/filter 1. 4.								u'd like to proces	s with in this box:	
				2.		5.				
Yes, the above listed a	ccount does ha	ve debit blo	ocks/filters	3.		6.				
			NOTIC	_						
The undersigned on the half of the comp debits/credit entries for your irrevocable perror or entries requiring reversals due to Company agrees to fund the account adaccept such debit/credits and not to bloch termination at such time and in such mar and undersigned each represent and wa and hold Distributor and its electronic funfunds in the account will result in a \$30 fee	payment for goods are return items) and for equately and guarant k access to the accounter so as to afford different that they are auds service providers	nd services rend r any other purp ees to Distributo unts. This autholi istributor, its ele thorized and en	d its electronic lered by Distrib lose related to to the contract of the contr	funds service utor as destable invoice to funds will to main in full to ervice proviecute this a	ignated (incluinformation. In the available in available in the available	ding the initi All entries sh n the accour ect until Com npany's ban or the purpo	ation of adjustinall be made to not to cover such pany has provik a reasonable ses specified h	ng debits/credits for the Company acco debits/credits. Con ided written authoriza opportunity to act of perein. Company ag	r entries made in unt shown above. mpany agrees to cation for its on it. Company rees to indemnify	
			ACCEPTANCE E		R					
SIGNATURE				TITLE						
PRINT NAME				DATE						
For Distributor Use Only				Completed Enrollment Forms can be sent to: Trish Griffin Email:pgriffin@bandbbeverageco.com Ph (706) 324-1313 ex 100						