



Route Delivery Form

Customer Address Information

License Name:

Trade Name:

Address:

City:

State:

Zip Code:

Store Phone:

Customer #:

Retail License #:

TDLinx Category

Is this a Seasonal Account?

Yes

No

License

License Use

DELIVERY SUMMARY

Specific Address:

Nearest Cross Street:

Delivery Contact Person(s):

Longitude:

Latitude:

Delivery Contact Phone Number:

E-Mail:

Arrival Instructions:

BUSINESS HOURS FOR DELIVERY

Days of Week

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Open Time:

Close Time:

DELIVERY DETAILS

Delivery Contact Name:

Contact Signature:

Contact's Title:

Contact's Phone #:

Dock Delivery

Yes No

Front/Side Door Delivery

Yes No

Additional Information for Service Level Needs:

The above information is submitted for the sole purpose of opening an account.

SMC Name:

I hereby certify the information to be true.

SMC Signature

Date: