

DELIVERY CUSTOMER FORM

Date: _____ Trade Name: _____

License# _____ Entity Name: _____

Business Address: _____

Email Address: _____ Phone #: _____

Type of Alcoholic Beverages:	Quantity:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Delivery Address: _____

Date of Delivery: _____ Time of Delivery: _____

Name of Customer: _____

Customer's Address: _____

Customer's Date of Birth: _____

Customer's Driver's License #: _____ State: _____

Customer's Phone Number: _____

I hereby certify that I am over 21 years of age; my date of birth is listed above. I realize that it is a **criminal offense** for these alcoholic beverages to be turned over to anyone under 21 years of age.

Signature of Customer: _____

Signature of Delivery Person: _____