

**UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
VENDOR ADDRESS INFORMATION SHEET**

GENERAL VENDOR INFORMATION:

Company Name: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____

REGIONAL MANAGER INFORMATION:

Manager: _____

Title: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____

LOCAL REPRESENTATIVE INFORMATION:

Name: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____

PURCHASE ORDER INFORMATION:

Company Name: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____

F.O.B SHIP POINT:

City, State, Zip: _____

SHIPPING POINT INFORMATION:

Company Name: _____

Phone: _____

Address: _____

Fax: _____

City, State, Zip: _____

Email: _____