

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

GENERAL VENDOR INFORMATION:

Company Name: [_____] **Phone:** [_____]
Address: [_____] **FAX:** [_____]
City, State, Zip: [_____] [_____] [_____]

REGIONAL MANAGER INFORMATION:

Manager: [_____] **Title:** [_____]
Address: [_____] **Phone:** [_____]
City, State, Zip: [_____] [_____] [_____] **FAX:** [_____]

LOCAL REPRESENTATIVE INFORMATION:

Name: [_____] **Phone:** [_____]
Address: [_____] **FAX:** [_____]
City, State, Zip: [_____] [_____] [_____]

PURCHASE ORDER INFORMATION:

Company Name: [_____] **Phone:** [_____]
Address: [_____] **FAX:** [_____]
City, State, Zip: [_____] [_____] [_____]

F.O.B. SHIP POINT:

City, State, Zip: [_____] [_____] [_____]

SHIPPING POINT INFORMATION:

Company Name: [_____] **Phone:** [_____]
Address: [_____] **FAX:** [_____]
City, State, Zip: [_____] [_____] [_____]