

ZIP BEVERAGE

1301 Scott Street
Missoula, MT 59802

406. 728-9543
Fax 866. 377-4909

NEW ACCOUNT SIGN-UP INCLUDING AUTOMATIC EFT PAYMENT OPTION

Please complete the following for new accounts and accounts interested in signing up for the EFT option.

| | |
|--|--|
| Retailer Name: | |
| Address: | |
| City, State, Zip: | |
| Owner's Name: | |
| Owner's Email: | |
| Store Telephone: | |
| Date of Sale: <i>If applicable...</i> | |
| Effective Date of Ownership: <i>If applicable...</i> | |

Please send a copy of the state liquor license to zipbeverage@gmail.com.

Eft Sign Up Details

Are you interested in saving time, money and staying compliant with the Montana Alcoholic Beverage code? We would like to introduce a free optional service to all of our customers, called Electronic Commerce. Zip Beverage has partnered with Anheuser-Busch and Wells Fargo to provide automatic invoice payment. • Keeps your account compliant with state laws. • No more writing checks, your bank account will be debited for all invoices 7 days after your delivery. • Online Access to your account. Budpayments.com. Invoice details and remittances emailed to you.

How it works?

• Upon delivery, you will continue to receive a paper copy of the invoice from your driver. • The next day, your invoice will be available online for viewing at Budpayments.com. • 7 days after delivery, your bank account will be debited for the invoice amount and the invoice would then be paid.

If interested in automatic payment please complete the attached banking information form and return to:

Via mail:

ZIP BEVERAGE
Attn: CHRIS THOMAS
1301 SCOTT STREET
MISSOULA, MT 59802

Cheers,
Via email:
cthomas@zipbeverage.com

Via Fax:
Fax: (866) 377-4909

Thank you for your business.



To be completed by Retail Trading Partner

1. Retail Trading Partner Information

Company Name _____
Company Address _____

2. Retail Trading Partner Bank Information

Bank Name _____
Bank Address _____

Contact Name _____
Contact Phone _____
Contact Fax _____

Contact Name _____
Contract Phone _____
Contract Fax _____

1. Bank Account Number _____

4. Bank ABA Routing Number _____

5. Delivery Information Option - How do you want to receive information about your delivery? (The default is "From Your Bank")

From the Driver Electronic (Bank of America will contact you for additional information)
If you checked Electronic or From Your Bank, do you want item level detail? Yes No

5. Authorization _____

Print Name _____

Signature _____

Date _____

To be completed by Wholesaler

1. Wholesaler Clearing Account at Bank of America _____

2. Retailer Identification Code _____

Clearing Account Number _____

Zip, Inc dba Zip Beverage _____

Clearing Account Title _____

3. Authorization _____

Chris Thomas, Controller _____

Print Name _____

Signature _____

Date _____

Wholesaler - Please fax to: Bank of America, ACH/EDI Services, Attn: A-B Electronic Commerce Coordinator, Fax Number 415-436-3759

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Please return to:

Zip Beverage

Attn: Chris Thomas

1301 Scott Street

Missoula, MT 59802

Fax (866) 377-4909

cthomas@zipbeverage.com

Attach Retail Trading Partner Voided Check