

ACCOUNT PROCESSING FORM

LEHRKIND'S INC.



Bozeman
P.O. Box 10580
1715 N. Rouse
Bozeman, MT 59719

Helena
P.O. Box 538
1201 N. Ewing
Helena, MT 59624

Great Falls
911 Broadwater
Great Falls, MT 59405

Lewistown
P.O. Box 3505
201 1st Ave. N.
Lewistown, MT 59457


 NEW
 CHANGE
 CLOSE

This agreement by and between Lehrkind's Inc. a Montana Corporation, Hereinafter referred to as the Company and:

OUTLET #		<input type="checkbox"/> WATER	
NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIP CODE
BILL TO ADDRESS			
CITY		STATE	ZIP CODE
PHONE	EXT.	FAX	
OWNER		CONTACT	
TYPE		PAY TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE	
AREA	DRIVER ROUTE	DEMOGRAPHICS #1 #2 #3	
SEGMENT	MASTER SALESMAN		
SUBSEGMENT		DSD CHAIN	
WEEK SERVICED	1 2 3 4	1 2 3 4	1 2 3 4
DAY SERVICED	Mon	Tues	Wed Thu Fri Sat
SEQUENCE			

TYPE		MACHINE #	
MODEL #		SERIAL #	
KEY #		VEND PRICE	
<input checked="" type="checkbox"/> 11 - Water Cooler	<input checked="" type="checkbox"/> Hot/Cold	<input type="checkbox"/> Cold/Room Temp.	
RENTAL AMOUNT \$	MONTH	HEATER <input type="checkbox"/> YES <input type="checkbox"/> NO	METER READING
EQUIPMENT REMOVED			

TYPE OF ENTITY ▶	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR
INDIVIDUAL RESPONSIBLE			
HOME ADDRESS			
SOCIAL SECURITY # or FEDERAL I.D. #			
PRINCIPLE BANK			
ACCOUNT #			
ARE YOU LEASING THE BUSINESS?		LESSOR	

I understand and agree to the terms as stated on the back of this form and attest to the validity of the information given above. I authorize you to contact the bank for more information. Please remember to initial the back of this form.

Signature _____ **Date** _____

Company _____ **Date** _____

Account # _____