



Distiller Onboarding Form

About You

Contact Information

Distillery Name

Name Phone

Email Address

Street Address

City State Zip

AP Contact Form

Name Phone

Email Address

Tax ID

Ship From Address

Street Address

City State Zip

Please take a moment to list the products you want carried by Surdutton and share some info.

Label Name	Spirit	SKU	Highlights <small>Notes, Age, ETC.</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Product



Distiller Onboarding Form

Distribution Questionnaire

1) Do you distribute in FL?

A) If so, who do you use to distribute?

B) If so, are you satisfied or looking?

2) Do you have a retail presence or accounts in FL?

3) What needs do you have currently?

4) Do you use anyone currently for online or e-commerce sales?

5) How do retailers and consumers currently obtain your product?

6) Who do you buy your ware from?

7) What other services are you looking for?