



ORDER FORM

TRADE NAME: _____ LICENSE/PERMIT NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE NUMBER: _____

Please check the appropriate box for the type of form(s) needed and circle the amount required:

<u>FORM</u>	<u>AMOUNT</u>		
<input type="checkbox"/> FORM C-230 (Distributors Report)	6	12	24
<input type="checkbox"/> FORM C-233 (Wholesalers Ale & Malt Liquor Report)	6	12	24
<input type="checkbox"/> FORM C-210 (Wholesalers Report)	6	12	24
<input type="checkbox"/> FORM C-215 (Winery / Wine Bottler Report)	6	12	24

Please return this form to the T.A.B.C., PO Box 13127, Austin, TX 78711-3127 or fax it to (512) 206-3321.

****REPORT FORMS ARE AVAILABLE VIA OUR WEBSITE AT
WWW.TABC.STATE.TX.US****