

Phone:

Website: Http://www.southernglazers.com/



## **CREDIT APPLICATION FORM**

| Business Information <b>▼</b>               |                                 |                        |                                                     |
|---------------------------------------------|---------------------------------|------------------------|-----------------------------------------------------|
| Business Name: Demo NYC                     |                                 | License #: <u>129</u>  | License Expiration: 06/09/2009                      |
| Trade Name: Demo NYC                        | Company Type:                   |                        | Delivery Time:                                      |
| Address: 152 Madison Avenue                 |                                 | Address 2:6th Floor    | Phone:(212) 571-3232                                |
| City: New York                              |                                 | State: NY              | Zip: <u>10001</u>                                   |
| EIN: <u>55-555555</u>                       |                                 | NYS Tax ID: 98798798   | 798                                                 |
| Principal Contact ▼                         |                                 |                        |                                                     |
| Name: DEMONYC DEMONYC                       |                                 | Title:_DEMO            |                                                     |
| Phone: (212) 571-3232                       | Email: info@bevnetwo            | ork.com                | S.S.#: <u>444-44-4444</u>                           |
| Address: aaaaaaaaaaaaaaaaaaaaaa             | aa                              | Address 2:             |                                                     |
| City: aaaaaaaaaa                            |                                 | State: PA              | Zip: <u>15001</u>                                   |
| Do you own property? ☐ Yes ☐                | No. Is it □ Residential or □ Co | ommercial? If yes, pro | vide address:                                       |
|                                             |                                 |                        |                                                     |
| Billing Contact ▼<br>Name:DEMONYC DEMONYC   |                                 |                        |                                                     |
| Phone:(212) 571-3232                        | Email: info@bevnetwo            | ork.com                |                                                     |
| Address:ssssssssssss                        |                                 | Address 2:             |                                                     |
| City: sssssssssss                           |                                 | State:                 | Zip: 10038                                          |
| Bank Reference <b>▼</b>                     |                                 |                        |                                                     |
| Name:                                       |                                 | Phone                  | #: <u>(555)</u> 555-5555                            |
| Account Type: aaa                           | Account Number:3                | 33-33-3333             | Routing Number: rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr |
| Address: rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr |                                 | Address 2:             |                                                     |
| City: rrrrrrrrrrrrrrr                       |                                 | State:                 | Zip: <u>02235</u>                                   |
| Have you done business with _               | Southern Glazers Wine & Spirits |                        | _ before? If yes, provide location address:         |
| Trade References within V                   | Vine & Spirits Industry (if po  | ossible) ▼             |                                                     |
| Name:                                       |                                 |                        | Account Number:                                     |
| Address: Delfinului Nr. 13                  | Address                         | 2:                     | Phone Number:                                       |
| City: Bucharest                             | State:                          |                        | Zip: <u>55559</u>                                   |
|                                             |                                 |                        |                                                     |
| Name:                                       |                                 |                        | Account Number:                                     |
| Address:                                    | Address                         | 2:                     | Phone Number:                                       |
| City:                                       | State:                          |                        | Zip: 55555                                          |
|                                             |                                 |                        |                                                     |

For the purposes of establishing credit, the undersigned applicant(s) furnish and represent the information set forth in this credit application as true and accurate. It is understood and agreed that in deciding whether or not to extend credit to licensee, we may check licensee's credit history with credit bureaus and others. Except as agreed herein, we will not disclose your private information unless it is dispose of your private information in accordance with law and reasonable business practices. It is understood and agreed that we reserve the right to refuse to extend credit to licensee at any time.

| SIGN HERE:  | PRINT NAME | · DATE: |  |
|-------------|------------|---------|--|
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