

CREDIT APPLICATION FORM

Business Information ▼

Business Name: _____ License #: _____ License Expiration: _____

Trade Name: _____ Company Type: _____ Delivery Time: _____

Address: _____ Address 2: _____ Phone: _____

City: _____ State: _____ Zip: _____

EIN: _____ NYS Tax ID: _____

Principal Contact ▼

Name: _____ Title: _____

Phone: _____ Email: _____ S.S.#: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Do you own property? ☐ Yes ☐ No. Is it ☐ Residential or ☐ Commercial? If yes, provide address: _____

Billing Contact ▼

Name: _____

Phone: _____ Email: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Bank Reference ▼

Name: _____ Phone #: _____

Account Type: _____ Account Number: _____ Routing Number: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Trade References within Wine & Spirits Industry (if possible) ▼

Name: _____ Account Number: _____

Address: _____ Address 2: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Name: _____ Account Number: _____

Address: _____ Address 2: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

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: _____