



CREDIT APPLICATION FORM

Business Information ▼ Business Name: Demo NYC	License #: 1295432	License Expiration: 01/01/0001
	Company Type: Limited liability company	·
Address:152 Madison Avenue	Address 2:6th Floor	•
	State: NY	Zip: 10038
EIN:11-1111111	NYS Tax ID: 11111111111111	•
Principal Contact ▼		
Name:DEMONYC DEMONYC		
Phone: (212) 571-3232	Email: info@bevnetwork.com	S.S.#: <u>111-11-1111</u>
Address: 11111111111111111111	Address 2: 111111111111	1111
City: 111111111111	State: NY	Zip: <u>10038</u>
Do you own property? ☐ Yes ☐ No	. Is it \square Residential or \square Commercial? If yes, provide	address:
Billing Contact ▼ Name:DEMONYC DEMONYC		
Phone: (212) 571-3232	Email: info@bevnetwork.com	
Address:11111111111111111111111111111111111	Address 2:	
City: 111111111111	State: NY	Zip: 10006
Bank Reference ▼		
Name: DEMONYC DEMONYC	Phone #: <u>(212) 571-3232</u>	
Account Type: Checking	Account Number: 111111111111111111111111111111111111	Routing Number: 111111111111111
Address: 1111111111111111111111	Address 2:	
City: 1111111111111	State: NY	Zip:10038
Have you done business with <u>Sou</u>	thern Glazers Wine & Spirits be	fore? If yes, provide location address:
Trade References within Wine	e & 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:

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: _____