

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: _____

Have you done business with _____ before? If yes, provide location address: _____

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: _____