





CREDIT APPLICATION FORM

Business Information ▼		
Business Name: Demo NYC	License #: 1295432	License Expiration: 06/09/2020
Trade Name: Demo NYC	_Company Type: Limited liability company	Delivery Time:
Address: 152 Madison Avenue	Address 2:6th Floor	Phone:(212) 571-3232
City: New York	State: NY	Zip: <u>10003</u>
EIN:22-2222222	NYS Tax ID: 22222222222222222222222222222222222	22222
Principal Contact ▼		
Name: DEMO DEMONYC	Title: DEMO	000 00 0000
Phone: (212) 571-3232		S.S.#: <u>222-22-2222</u>
	Address 2:	
		Zip: 10002
Do you own property? ☐ Yes 🛛 No. Is it	□ Residential or □ Commercial? If yes, provide add	ress:
Billing Contact ▼ Name:DEMONYC DEMONYC		
Phone: (212) 571-3232	Email: info@bevnetwork.com	
Address:ddddddddddddddd	Address 2:	
City: ddddddddddddd		Zip: 10003
Bank Reference ▼ Name:DEMO DEMONYC	Phone #: <u>(</u> 212)	571-3232
Account Type: Savings	Account Number:111111111111111111111111111111111111	Routing Number: 111111111111111111111111111111111111
Address: 11111111111111111111111111111111111	Address 2:	
City: 11111111111111	State: NY	Zip: 10038
Have you done business with Southern G	ilazers Wine & Spirits before? If yes, provide location	n address:
Trade References within Wine & Sp	oirits Industry (if possible) ▼	
Name: DEMONYC DEMONYC		Account Number:
Address: 1111111111111111111111	Address 2:	Phone Number: <u>(</u> 212) 571-3232
City: 111111111111	State:	Zip:
Name:		Account Number:
Address:	Address 2:	Phone Number:
City:	State:	
deciding whether or not to extend credit to licensee, we may	icant(s) furnish and represent the information set forth in this credit applica check licensee's credit history with credit bureaus and others. Except as a v and reasonable business practices. It is understood and agreed that we re	greed herein, we will not disclose your private information unless it

SIGN HERE: ______PRINT NAME: _____DATE: _____