



CREDIT APPLICATION

BILL TO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
SHIP TO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ ACCOUNTS PAYABLE CONTACT: _____
LICENSEE NAME: _____ FAX #: _____
STATE LIQUOR LIC #: _____ EMAIL ADDRESS: _____

PLEASE LIST TRADE REFERENCES, LIQUOR, BEER AND WINE DISTRIBUTORS.

***NAME/ADDRESS/CITY/ZIP/PHONE #/ACCOUNT #**

1.) NAME: _____ ACCT #: _____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2.) NAME: _____ ACCT #: _____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
3.) NAME: _____ ACCT #: _____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
4.) NAME: _____ ACCT #: _____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

****Please do not list: Southern Wines & Spirits, Young's Market Company or Wine Warehouse.***

BANK INFORMATION:

BANK NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

DISCLOSURE AUTHORIZATION FOR BANK

I, HEREBY GIVE MY AUTHORIZATION FOR _____
(Bank Name)

TO DISCLOSE ANY CREDIT INFORMATION CONCERNING MY BUSINESS ACCOUNT.

(Account Number)

(Print your name)

(Signature)

(Date)