

METROWINE

CREDIT APPLICATION

Business Name _____ Phone _____

D/B/A _____ Fax _____

Address _____
(Street) (City) (State) (Zip Code)

Shipping Address _____
(Street) (City) (State) (Zip Code)

E-Mail Address: _____

Time of Delivery _____ AM to _____ PM Days Closed _____

Liquor License Permit # _____ Federal Tax I.D. # _____
PROVIDE A COPY PLEASE)

CT Sales Tax Registration # _____

SPECIAL DELIVERY INSTRUCTIONS _____

How Long in Business _____ Contact Person _____

OWNERSHIP Sole Owner Partnership Corporation

PRINCIPAL _____
(Name) (Title)

TRADE REFERENCES/DISTRIBUTOR

Name _____ Address _____

Phone _____ Fax _____

Name _____ Address _____

Phone _____ Fax _____

BANK REFERENCES Checking _____ Loan _____ Savings _____

Account No. _____ Contact _____

(Name) (Address) (Phone) (Fax)

In consideration of credit being extended by METROWINE to the above name, the undersigned guarantor hereby contract and guarantee to METROWINE the faithful payment, when due, of all purchases made. Past due balances are subject to a monthly finance charge of 1.5%

Signature/Date Representative

FAX BACK TO 203-969-3001

I do not wish to receive offers via fax / e-mail.