

CREDIT APPLICATION FOR OPEN ACCOUNT

BUSINESS CONTACT INFORMATION

Legal Name:

Doing Business As:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date business commenced:

Circle One: Sole Prop – Partnership – Corp - LLC - Other

BUSINESS AND CREDIT INFORMATION

Delivery Hours/Instructions:

Do you accept FREE GOODS promotions? **YES / NO**

Do you want A/R printed on your invoices? **YES / NO**

How many copies of your invoice would you like upon delivery? **1 / 2 / 3**

Shipping address:

City:

COUNTY:

ZIP Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

LIQUOR LICENSE INFORMATION

License Type:

Issuing Municipality:

Agent on License:

License Number:

Seller's Permit No:

Expiration:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

OWNER(S)

Name:

Name:

Address:

Address:

City/State:

Zip Code:

City/State:

Zip Code:

Social Security #:

Social Security #:

AGREEMENT

1. In accordance with State Liquor Laws, all invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize M Shiraz, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: