

Credit Application



Name/Address

Applicant Business or Corp. Name:			Liquor License #:
Billing Address:			Exp. Date:
City:	State:	ZIP:	Phone:
Federal Tax ID:			

Company Information

In Business Since:			
Legal Form Under Which Business Operates: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Date Established:			
Accounts Payable Name:			
Phone:	Email:	Fax:	

Owner's or Officer's Information

Name:		Title:
Home Address:		City, State, Zip Phone:
Name of Bank:		City, State, Zip Phone
Elegance Lifestyle Rep:	On-Premise	Off-Premise
Product Buyer/Manager Contact Name:		
Phone:	Email:	
Accounts Payable Contact Name:		
Phone:	Email:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date