

ASTORIA WINE GROUP



CONFIDENTIAL CREDIT APPLICATION

Date Business Established _____ ABC License _____
Legal Business Name _____ Seller's Permit Resale License # _____
DBA _____ Name of Parent Co. _____

Business Shipping Address:

Street _____
City _____
State/Zip _____
Owner Name _____
Telephone _____
Email _____

Billing/Mailing Address:

Street/P.O. _____
City _____
State/Zip _____
Telephone _____
Fax _____

Accounts Payable:

Name _____
Cell# _____
Email _____

Bank Information _____

Business Type: Individual ____ Sole Proprietorship ____ Partnership ____ LLP ____ Corp ____

Legal Name of Owner/Individual _____
SS # _____ Federal Tax ID # _____
Home Address _____

SIGNATURE (*Office/Owner*) _____ Date _____

Buyer's Name _____
Cell# _____
Email _____