



OCEANSTATE
WINE & SPIRITS

Office Use Only

Acct#: _____

Approved by: _____

Terms: _____

Date: _____

NEW ACCOUNT APPLICATION

Sales Rep (initials) _____

NOTE: This application must be filled out completely and approved by our Credit Department before a line of credit can be established.

Legal Business Name _____

D/B/A _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Federal ID# _____ On-Premise Off-Premise

License # _____ (please include copy of license with application)

Billing Address _____

(If different from shipping address)

Delivery Hours (earliest to latest time frame) Tues _____ Wed _____ Thurs _____ Fri _____

Receiving Hours / Delivery Entrance _____ Additional Delivery Instructions _____

A/P Contact _____

Order Contact _____

Contact Phone _____ Contact Email _____

Alternate Phone _____ Fax _____

Please list one Bank Reference:

1 Bank Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Please list two Business References:

1 Business Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

2 Business Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

- 1). All Oceanstate Wine & Spirits invoices are due and payable within 60 days of our invoice date. Applicant agrees to pay any costs incurred for collection.
- 2). The above information is for the purpose of obtaining credit and is warranted to be true and hereby authorizes Oceanstate Wine & Spirits, or a credit bureau employed by Oceanstate Wine & Spirits or it's affiliates, to investigate the above statements and references pertaining to your credit & financial responsibilities.

Authorized Signature _____ Title _____

Name Printed _____ Date _____