



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 _____
Billing Address _____
Shipping Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Federal ID# _____ On-Premise Off-Premise
License # _____ (please include copy of license with application)

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

Owner Name _____
Contact Name _____
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 Baystate 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 Baystate Wine & Spirits, or a credit bureau employed by Baystate Wine & Spirits or its affiliates, to investigate the above statements and references pertaining to your credit & financial responsibilities.

Authorized Signature _____ Title _____
Name Printed _____ Date _____