

CREDIT APPLICATION MID-ATLANTIC

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DATE: _____ CUST. TYPE: _____ REST. _____ LIQ. STORE: _____

CORPORATE NAME: _____

CUSTOMER NAME:(D.B.A.) _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DELIVERY WINDOW (DAYS/HOURS) _____

PHONE TO CONTACT FOR DELIVERIES: _____

SPECIAL DELIVERY INSTRUCTIONS: _____

LICENSE SERIAL NUMBER (ABRA): _____ EXP. DATE: _____

FED. TAX I.D. # : _____ E-MAIL: _____

PRINCIPAL(S) NAME(S): _____

BUYER'S/CONTACT PERSON NAME: _____

ACCOUNTING CONTACT: _____

YEARS IN BUSINESS: _____ COUNTY: _____

TRADE REFERENCES (Name, Address, Telephone #, Fax #, Contact) _____

SALES PERSON: _____



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