	<b>CREDIT APPLICATION</b>	
	BARON FRANCOIS, LTD. 11 Hanover Square, 13th Floor New York, NY 10001 TEL: (212)924-1414 FAX (212)924-3768	
DATE:	CUST. TYPE: REST	LIQ. STORE:
CORPORATE NAME:		
CUSTOMER NAME:(D.B.A.)		
BILLING ADDRESS:		
PHONE NUMBER:	FAX NUMBER:	
SPECIAL DEL. INTRUCTIONS(DAYS/HOURS) PLEASE ALLOW 5 HOURS IN NYC, 6 HOURS IN THE OUTER BOROUGHS LICENSE SERIAL NUMBER: EXP. DATE:		
	License Certificate together with this application	n)
PRINCIPAL(S) NAME(S):		
BUYER'S/CONTACT PERSO	N NAME:	
ACCOUNTING CONTACT:		
YEARS IN BUSINESS:	COUNTY:	
TRADE REFERENCES (Name, Address, Telephone #, Fax # , Contact)		
SALES PERSON:		

Please don't forget to attach a copy of your Re-Sale Certificate with this application and send to orders@baronfrancois.com. Thank You.

