

METROPOLIS WINE MERCHANTS

C R E D I T A P P L I C A T I O N

Business Name _____ Phone _____

D/b/a _____ Fax _____

Address _____
(Street) (City) (State) (Zip Code)

Shipping Address _____
(Street) (City) (State) (Zip Code)

E-mail Address: _____

Time of Delivery _____ Days Close _____

NYS/ NJ License Serial No. _____ Fed. Tax ID _____

NYS Sales Tax Certificate of Authority No: _____

Other Delivery Instructions _____

OWNERHSIP: Sole Proprietor _____ Partnership _____ Corporation _____

Principal Officer _____
(Name) (Title)

How long in Business _____ Contact Person : _____

Billing/Invoices Contact Person _____

Trade References:

1.Name _____ Address: _____

Phone _____ Fax _____

2.Name _____ Address: _____

Phone _____ Fax _____

Bank References: Checking _____ Loan _____ Savings _____
Account No. _____

(Name)

(Address)

(Phone)

(Fax)

In consideration of credit being extended by METROPOLIS WINE MERCHANTS to the above, the undersigned guarantor hereby contract and guarantee to METROPLIS WINE MERCHANTS the faithful payment, when due, of all purchases made. Past due balances are subject to monthly finance charges of 1.5 % and agrees to pay collection cost of 1/3 of the total balance due if the account is placed with an attorney for collection whether suit is filed or not.

Name: _____ Signature _____
Principal/Authorized Officer

Metropolis Wine Merchants:

Fax to: 212-581- 4872

Representative/Date