

# 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