

VIAS IMPORTS CREDIT APPLICATION

CORPORATION NAME: _____

DBA NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____

TELEPHONE: _____ FAX: _____

SHIP TO ADDRESS IF DIFFERENT: _____

SPECIFY DELIVERY TIME: _____

(FOUR HOUR WINDOW REQUIRED)

VIAS ACCOUNT SALES REP. _____

ASSIGNED ACCOUNT NUMBER: _____
(OFFICE USE ONLY)

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ACCOUNTS PAYABLE INFORMATION

CONTACT: _____ TELEPHONE: _____ FAX: _____

EMAIL: _____

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LICENSE INFORMATION

LICENSE SERIAL #: _____ LICENSE CERTIFICATE #: _____

LICENSE EXPIRATION DATE: _____ FEDERAL TAX ID #: _____

(A COPY OF YOUR LIQUOR LICENSE MUST BE PROVIDED ALONG WITH A COMPLETED AND SIGNED RESALE CERTIFICATE FORM ST-120 PRIOR TO ANY DELIVERIES)

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CREDIT REFERENCES

COMPANY: _____ COMPANY: _____

CONTACT: _____ CONTACT: _____

TELEPHONE: _____ TELEPHONE: _____

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BANKING INFORMATION

BANK NAME: _____ ACCOUNT NUMBER: _____

LOCATION: _____

TELEPHONE: _____ BANK REPRESENTATIVE: _____