



101 Higginson Avenue • Building 97 • Lincoln, RI 02865

Fax 781.740.9464

Office Use Only

Acct#: \_\_\_\_\_

Approved by: \_\_\_\_\_

Terms: \_\_\_\_\_

Date: \_\_\_\_\_

CREDIT APPLICATION

Sales Rep (initials) \_\_\_\_\_

NOTE: This application must be filled out completely and approved by our Credit Department before a line of credit can be established.

Legal Business Name \_\_\_\_\_
D/B/A \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
Federal ID# \_\_\_\_\_ [ ] On-Premise [ ] Off-Premise
License # \_\_\_\_\_ (must include copy of license with application)
Delivery Hours (earliest to latest time frame) Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_
Additional Delivery Instructions \_\_\_\_\_

CHECK ONE: [ ] Corporation [ ] Proprietorship [ ] Partnership [ ] Individual

If Corporation, please provide the name and addresses of officers. If Partnership, please provide the names and home addresses of the Partners.
If a Sole Proprietorship, please provide the name, address and phone number of the Sole Proprietor.

Name \_\_\_\_\_ Title \_\_\_\_\_
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Name \_\_\_\_\_ Title \_\_\_\_\_
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Length of time firm has been in operation \_\_\_\_\_ A/P Contact Person \_\_\_\_\_

Bank Reference Name \_\_\_\_\_ Contact Person \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct# \_\_\_\_\_

Please list three Credit References:

1 Business Name \_\_\_\_\_ Phone \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2 Business Name \_\_\_\_\_ Phone \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3 Business Name \_\_\_\_\_ Phone \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

- 1). All Ocean State Wine & Spirits invoices are due and payable within 30 days of our invoice date. Applicant agrees to pay any costs incurred for collection.
2). The above information is for the purpose of obtaining credit and is warranted to be true and hereby authorizes Ocean State Wine & Spirits, or a credit bureau employed by Ocean State Wine & Spirits or its affiliates, to investigate the above statements and references pertaining to your credit & financial responsibilities.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_
Name Printed \_\_\_\_\_ Date \_\_\_\_\_