

ASTORIA WINE GROUP



CONFIDENTIAL CREDIT APPLICATION

Date Business Established _____ ABC License _____

Legal Business Name _____ Seller's Permit Resale License # _____

DBA _____ Name of Parent Co. _____

Delivery Instructions _____

Business Shipping Address:

Street _____

City _____

State/Zip _____

Owner Name _____

Telephone _____

Email _____

Billing/Mailing Address:

Street/P.O. _____

City _____

State/Zip _____

Telephone _____

Fax _____

Accounts Payable:

Name _____

Cell# _____

Email _____

Bank Information _____

Business Type: Individual ____ Sole Proprietorship ____ Partnership ____ LLP ____ Corp ____

Legal Name of Owner/Individual _____

SS # _____ Federal Tax ID # _____

Home Address _____

SIGNATURE (*Office/Owner*) _____ Date _____

Buyer's Name _____

Cell# _____

Email _____

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