

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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