



VINEYARD SUPPLY INC

CREDIT APPLICATION

BUSINESS INFORMATION:

Date: _____

Legal Name: _____

Phone number: _____

Trade Name (DBA): _____

Fax number: _____

Street address: _____ City: _____ State: _____ Zip: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Purchasing agent: _____ Office phone: _____ Fax: _____

E-mail: _____ Cell phone: _____

A/P Contact: _____ Office phone: _____ Fax: _____

E-mail: _____ Cell phone: _____

Type of business: _____ Years in business: _____ Fed: Tax ID#: _____

Type of entity: Sole proprietor ___ Partnership ___ Corporation ___ Ltd. Liab. Corp ___ Resale # _____

BANK REFERENCES:

Bank name: _____ Phone#: _____ Acct #: _____

Bank name: _____ Phone#: _____ Acct #: _____

TRADE REFERENCES:

Name: _____ Phone #: _____ Contact Name: _____

Account Number: _____ Email Contact: _____

Name: _____ Phone #: _____ Contact Name: _____

Account Number: _____ Email Contact: _____

Name: _____ Phone #: _____ Contact Name: _____

Account Number: _____ Email Contact: _____

OFFICERS/PRINCIPALS OF COMPANY:

Name: _____ Title: _____ SSN: _____ % ownership: _____

Name: _____ Title: _____ SSN: _____ % ownership: _____

Name: _____ Title: _____ SSN: _____ % ownership: _____

All statements made herein are true and accurate to the best of my knowledge. I authorize A&J Vineyard Supply Inc to make any and all inquiries necessary for action on this credit application. I hereby indemnify A&J Vineyard Supply Inc and its agents from any liability resulting from their credit survey. * **Credit terms are Net 15 days. A service charge of 1.5% per month is added on past due amounts.**

Authorized signature: _____ Title: _____ Date: _____