



WINE  
CELLAR  
IMPORTS  
Credit Agreement

Business Name: \_\_\_\_\_ Phone \_\_\_\_\_

D/B/A: \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address (If Different) \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Ownership: Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation \_\_\_\_\_

Principal: \_\_\_\_\_  
 (NAME) (TITLE) (SS#)

Principal: \_\_\_\_\_

Above named business agrees to supply Wine Cellar Imports with any and all changes to financial condition or the information above in writing within 10 days of said change. Initial \_\_\_\_\_

Has this firm or principle ever been bankrupt? yes: \_\_\_\_\_ no: \_\_\_\_\_ (If yes, please attach an explanation)

Any misrepresentations in This agreement will be considered evidence of fraud since this Information is basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized investigate the credit references and principles listed. In consideration for the extension of credit, said business promise to pay all purchases within the terms agreed (NET 30 for above 14% alcohol, NET 14 for below 14% alcohol, and NET 7 for tobacco, candy, soda, cigarettes, Vineyard Fresh, etc.) It is agreed that the entire outstanding balance is due on all invoices shall become due immediately upon default of the payment of any invoice. The applicant agrees to pay a service of charge of 1.5% per month (maximum of 18% annual percentage rate) on all past due balances. In the event of a third party is employed to collect any outstanding monies by said business the undersigned agrees to pay reasonable collection cost, including attorney fees. Regardless if license's location, any dispute between Wine Cellar Imports and licensee may be filed in the courts of Chemung County New York. The undersigned represents the he/she has the authority to execute the credit agreement on behalf of the business identified

Print Name \_\_\_\_\_ (title) \_\_\_\_\_ (Signature) \_\_\_\_\_

Print Name \_\_\_\_\_ (title) \_\_\_\_\_ (Signature) \_\_\_\_\_

# Personal Warranty & Guaranty

In consideration of extending Credit by Wine Cellar Imports, the undersigned individual hereby personally guarantees unconditionally an irrevocably the prompt payment of any sums now and hereafter owed to Wine Cellar Imports. But the business identified below; whether said sums are due under open accounts, contract, or otherwise. Furthermore, the use of corporate title shall no way limit the personal liability of each Signatory on this Application.

This guaranty shall be Effective immediately and I/We hereby waive notice of acceptance, default or nonpayment and consent to waiver, extension or modification of credit terms; surrender of collateral, renewal, release, of parties to the obligation and any other act or omission thereof for recovery of sum due. The obligation of the undersigned shall not be affective by any change which may arise by reason of death of the undersigned and the obligation is binding upon his heirs, executors, successors or assigns. This shall be an open and continuing guaranty and shall continue in full force until notice in writing sent by registered or certified mail, return receipt requested is received by Wine Cellar Imports. Said notice shall specify the date on which this guaranty is to be terminate; said date not to be less than seven days after such notice is received. Such termination shall no way release the undersigned as to any Sum or debt incurred prior to such termination.

Date:

Name:

(Printed name of person of guaranteeing Payment)

Home Address

Home Phone \_\_\_\_\_

Social Security#

Driver's License/State ID \_\_\_\_\_

*Signature of person of guaranteeing payments:*

## Credit Release Authorization

For the Purpose of obtaining Merchandise on credit, \_\_\_\_\_, I authorize

Your Bank Name

Address \_\_\_\_\_

City:

State:

Phone number

Account Number:

As an inducement to grant credit, the undersigned agrees to the need of verification of all information in the agreement. The undersigned also agrees to authorize a release all bank, businesses and persons identified in this agreement to furnish any information requested from Wine Cellar Imports or its Representatives by telephone or written correspondence. The undersigned warrants that the information is true and correct. As an inducement to grant credit the undersigned agrees to allow Wine Cellar Imports to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

*Signature*

*Signature*

*Printed Name*

*Printing Name*

*Title: \_\_\_\_\_ Date:*

*Title:*

*Date:*

*Sales Representative:*

*Return to:*

Customer Name (Company):	<input type="checkbox"/> New Customer	<input type="checkbox"/> Updated Bank Account									
Mailing Address:	Location Address <input type="checkbox"/> Same as Mailing										
Company Phone:	Company Fax:										
Primary Contact Name:	Company Federal Tax ID: (Always 9 Digits)										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Contacts Phone	Contact Email: <b>(Required)</b>										
<b>*** Please Attach Voided Check on a Separate Page***</b>											

Bank Name:

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Account Number:

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ABA Transit/Routing Number: (Always 9 Digits)

--	--	--	--	--	--	--	--	--	--

Account Type:  Checking  Savings

The undersigned on behalf of company hereby authorizes Wine Cellar Imports (Distributor) and its electronic funds providers, including authorized banks to Use invoice information initiate debit/credit entries for irrevocable payments for goods and services rendered by distributor as designated (including the initiating of adjusting debits/credits for entries made in error or entries requiring reversals due and return items) and any other purpose related to the invoice information. All entries shall be made to the company account shown above. Company agrees accept such debits/credits and not to block access to the accounts.

This authorization is to remain in full force and affect until company has provided written authorization for its termination at such time and in such manor so as to afford distributor. Its electronic funds service providers a company's banks a reasonable opportunity to act on it. Company and the undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purpose specified herein. Company agrees to indemnify and hold distributor and its electronic funds service providers harmless from any damage, loss or claim resulting from distributors authorized action hereunder.

Primary Authorized Signature:  
(Must be signer on the account shown above)

Second Authorized Signature:  
(If Needed)

Printed Name                      Date

Printed Name                      Date

**FOR DISTRIBUTOR USE ONLY**  
(FTS ID -19045)

**EMAIL COMPLETED FORM AND COPY  
OF VOIDED CHECK TO  
info@winecellarimports.com**

Customer Number \_\_\_\_\_

Date Received

**Insufficient Funds will result in a \$50.00 fee**