m·s walker

20 Third Avenue, Somerville MA 02143
Tel (617) 776-6700
Fax (617) 440-1039
Teamcreditmanager@mswalker.com

A COPY OF YOUR CURRENT ALCOHOLIC BEVERAGE LICENSE MUST ACCOMPANY THIS APPLICATION.

CREDIT APPLICATION

DATE _____

CORPORATION NAME_____ TEL# ( ) _____

D/B/A _____ FAX# ( ) _____

DELIVERY ADDRESS_____ **Fed Tax Id #** _____

CITY_____ STATE_____ ZIP_____ SALES # _____ _____

DELIVERY INSTRUCTIONS_____

OWNER/CORPORATE OFFICER _____

CUSTOMER CONTACT _____

NO. OF YEARS **YOU** HAVE OWNED ALCOHOLIC BEVERAGE LIC. AT **THIS** ADDRESS: _____

NAME OF PREVIOUS OWNER OF ALCOHOLIC BEVERAGE LIC: _____

A/P-BOOKKEEPING CONTACT NAME/PHONE: _____

EMAIL ADDRESS: _____

STATEMENT ADDRESS: _____

Woud you like to be contacted via e-mail regarding M.S. Walker events, special offers, etc.? Yes ☐ No ☐

EMAIL ADDRESS: _____

LICENSE NO._____ DATE OF LICENSE_____ TYPE OF LICENSE: (CIRCLE ALL THAT APPLY)

NAME ON LICENSE **CORPORATION** _____ **ALL ALCOHOLIC**

D/B/A _____ **WINE & MALT** **SEASONAL**

INDIVIDUAL _____ **W/M/CORDIALS**

CIGAR ONLY-ATTACH ST4 FORM

TYPE OF BUSINESS: (CIRCLE ONE) APP. SQ. FT._____ # OF SEATS _____ **M & S #** _____

ON PREMISE **OFF PREMISE** **DO YOU OWN THE PROPERTY WHERE THE BUSINESS IS LOCATED?**_____

3 CREDIT REFERENCES WITHIN WINE & SPIRITS INDUSTRY (IF POSSIBLE)

	COMPANY NAME	TEL#	ADDRESS	ACCOUNT #
1				
2				
3				

PLEASE LIST/DETAIL YOUR EXPERIENCE IN THE WINE/SPIRITS INDUSTRY (IF ANY)

_____ _____ _____ _____

_____

If customer's account is forwarded to an attorney for collection, customer agrees to be responsible for all costs of collection, including reasonable attorney's fees, as approved by the court.

_____

Authorized Applicant's Signature/Title

OFFICE USE ONLY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
_	_	_	_	_	_	_	_	_	__	__	__	__	__	__	__	__	__	__	__