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M·S WALKER
SINCE 1933

**A copy of your current
alcoholic beverage license
MUST accompany
this application**

MASSACHUSETTS CREDIT APPLICATION

Date _____

Corporation Name _____ Tel# _____

D/B/A _____ Fed Tax Id # _____

Delivery Address _____

City _____ State _____ Zip _____

Delivery Instructions _____

Owner/Corporate Officer _____ Customer Contact _____

Number of years you have owned alcoholic beverage license at this address: _____

Name of previous owner of alcoholic beverage license: _____

A/P Bookkeeping Contact Name/Phone: _____

A/P Email Address: _____ (preferred method)

Statement Address: _____

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

Email address: _____

Type of License: (check all that apply) All Alcoholic Wine & Malt W/M/Cordials Seasonal

Do you own the property where the business is located? Yes No

Type of Business: On Premise Off Premise

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 or a collection agency 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

MA.02.17

OFFICE USE ONLY

MSW Rep Id# _____ M & S # _____