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**M·S WALKER**  
FINE WINES & SPIRITS SINCE 1933

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

## RHODE ISLAND CREDIT APPLICATION

Date \_\_\_\_\_

Corporation Name \_\_\_\_\_ Tel# \_\_\_\_\_

D/B/A \_\_\_\_\_ Fed Tax Id # \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Delivery Day \_\_\_\_\_

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.

**Payment terms are 30 days from date of delivery.**

\_\_\_\_\_  
**Authorized Applicant's Signature/Title**

RI.08.15

**OFFICE USE ONLY**

MSW Rep Id# \_\_\_\_\_