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M·S WALKER

A copy of your current alcoholic beverage license and your COA or ST-120 MUST accompany this application

NEW YORK CREDIT APPLICATION

Date: _____

Corporation Name: _____ Tel#: _____

D/B/A: _____ Fed Tax Id #: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____ County: _____

Delivery Instructions: _____

Owner/Corporate Officer: _____ Customer Contact: _____

Email Address: _____

A/P Contact Name/Phone: _____ (required)

A/P Email Address: _____

Statement Address: _____

Serial Number: _____ License Issued: _____ Cert. Number: _____

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

Are you subject to the city tax? (check one) Yes No

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)

By signing this credit application, I agree to abide by all M.S. Walker, Inc. terms and conditions of sale including, but not limited to a service charge of 1.5% per month (annual percentage rate: 18%) on all invoices outstanding thirty (30) or more days after invoice date. If customer's account is forwarded to an attorney or 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

NY.04.18

OFFICE USE ONLY:

MSW Rep Id# _____ Carrier _____ County Code _____