

16 Commercial Way
Warren, RI 02885
Tel (401) 247-0646
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teamcreditmanager@mswalker.com



M·S WALKER

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)

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

RI.04.18

OFFICE USE ONLY

MSW Rep Id# _____