

975 University Avenue
Norwood, MA 02062
Tel (617) 776-6700
Fax (617) 440-1039
teamcreditmanager@mswalker.com



M·S WALKER

**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 _____

A/P Bookkeeping Contact Phone: _____

A/P Statement Email Address: _____ (preferred method)

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

MA License # _____ (include dashes, copy of ABCC approval preferred)

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 sixty (60) 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.

Authorized Applicant's Signature/Title

SUBMIT

MA.04.22

OFFICE USE ONLY

MSW Rep Id# _____ M & S # _____