

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: \_\_\_\_\_

Type of Business:  On Premise  Off Premise

If you are part of a chain or group, please provide name. \_\_\_\_\_

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: \_\_\_\_\_ (required to receive monthly statements)

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 # \_\_\_\_\_ (copy of ABCC approval preferred)

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

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.03.24

**OFFICE USE ONLY**

MSW Rep Id# \_\_\_\_\_ M & S # \_\_\_\_\_