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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: _____ County: _____ 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: _____

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

Type of Business: On Premise Off Premise

If you are part of a group, please provide name and number: _____

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

Are you subject to the city tax? Yes No | Do you own the property where the business is located? Yes No

A/P Bookkeeping Contact Name _____

A/P Bookkeeping Contact Phone: _____

A/P Statement Email Address: _____ (required to receive monthly statements)

Bank Name: _____ Routing Number: _____ Account Number: _____

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

NY.03.24

OFFICE USE ONLY

MSW Rep ID# _____ Carrier _____ County Code _____