

270 North Avenue, Suite 709  
New Rochelle, NY 10801  
Tel (914) 235-0503  
Fax (617) 440-1039  
teamcreditmanager@mswalker.com



# 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 \_\_\_\_\_