

16 Commercial Way
Warren, RI 02885
Tel (401) 247-0646
Fax (401) 247-7196
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: _____

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

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

RI.03.24

OFFICE USE ONLY

MSW Rep Id# _____ Chain Name/No# _____