

PLEASE FAX BACK ALONG WITH A
COPY OF THE LIQUOR
LICENSE

Application for Credit

Name of Firm/Individual/Corporation, Etc _____ T/A _____
Address _____ Years at address: _____
City _____ State _____ Zip _____ Phone No: _____ - _____ - _____

HEREBY applies for credit in accordance with the terms and conditions of:

Northern Eagle Beverage Co _____
600 Sixteenth Street _____ Credit Manager
Carlstadt, NJ 07072 _____

Our normal credit terms

Liquor License No: _____ Exp Date: _____

The following information must be provided. It will be held in the strictest confidence.

Ownership

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. _____
Names of principal(s) Complete address Zip Phone

2. _____

3. _____

Finance

Bank _____ Bank Address _____
Bank officer or department _____ Phone _____

Reference:

1. _____
Business Name Complete Address Zip Phone

2. _____

3. _____

Check here is cash sales are okay until credit is approved

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date _____ (Signed) _____
(Title) _____

Please do not write in the space below

Verification

Reference checked by _____ Credit approved by _____
Reference results _____ Credit refused by _____
Date _____

NAME & ADDRESS INFORMATION

DBA Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

County: _____

State: _____ Zip Code: _____

Phone: _____

Owner Name 1: _____

Owner Name 2: _____

Owner Change Date: _____

State Tax ID: _____

DELIVERY INFORMATION

Delivery Times: _____ - _____

Delivery Instructions: _____

Signed: _____

Dated: _____