



Distinctive Wine Cellars, Inc
8219 Northwest Blvd, Suite 100
Indianapolis, IN 46278

Phone: 317-217-1110
Fax : 317-217-1113

Credit Application

Date: _____

Name of Business: _____ Type of business: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Phone: () _____ FAX () _____
Shipping Address if Different from Above: _____
Phone: () _____ FAX () _____

Are you a: Partnership ____ ; LLP ____ ; Proprietorship ____ ; Corporation ____ ; LLC ____
Formed in: State: _____ Year: _____
Federal Tax ID#: _____ Sales Tax Exempt? Yes ____ (attach) No ____
Purchase Orders Required? Yes ____ No ____ Estimated annual purchases: _____
Accounts Payable Contact: _____ Phone: _____

Owners/Officers:

Name/Title: _____
Home Address: _____
Home Phone: _____ Social Security #: _____ Date of Birth: _____
Name/Title: _____
Home Address: _____
Home Phone: _____ Social Security #: _____ Date of Birth: _____

Bank Reference:

Name: _____ Contact: _____
Address: _____
Phone: () _____ Fax: () _____
Checking Acct # _____ Loan Acct # _____
Other Acct Type/# _____

Trade References:

Name: _____ Contact: _____
Address: _____
Phone: () _____ Fax: () _____
Account #: _____

Name: _____ Contact: _____
Address: _____
Phone: () _____ Fax () _____
Account # _____

I/we certify that the above information is true and correct. I/we agree to pay this account in accordance with your credit terms. I/we authorize you to obtain any information you may require regarding the statements made above.

Authorized Signature: _____ Title: _____

Authorized Signature: _____ Title: _____