

New Account Application

Corporate Name: _____ Illinois Liquor License: _____
D.B.A.: _____ Expiration Date: ____ / ____ / ____
Address: _____
Delivery Day(s): _____ Delivery Time(s): _____
City: _____ ZIP: _____
Guarantor (Print): _____ Guarantor (sign): _____
Contact/Buyer Name: _____ Contact/Buyer Phone: _____
Contact/Buyer Email: _____
Accounting Contact: _____ Accounting Phone: _____
Accounting Email: _____ AVC Sales Rep: _____

What is the primary nature of your business at this location?

- Liquor Store Grocery Store Restaurant Country Club Night Club Bar

Other _____

PAYMENT TERMS: C.O.D. CREDIT CARD FINTECH BILLING PREPAID

RESELLER NUMBER: ____ - ____ State: _____

DUN NUMBER _____

CREDIT TERMS: Applicant understands that all orders must be prepaid, C.O.D. or credit card until credit has been approved. If the credit application is approved, terms of payment are 30 days from the date of invoice. The undersigned hereby represents that all information furnished on this application is correct to the best of their knowledge. Print Authorized Name (Owner -Officer): _____

Signature: _____ Title: _____

Date: _____

***** IMPORTANT TAX INFORMATION *****

AUTHENTIC VINE CORPORATION only sells to licensed liquor resellers and does not charge sales tax. In order for us to be in compliance with state sales tax requirements, a completed resale certificate and copy of liquor license are required. PLEASE RETURN ALL DOCUMENTS TO THE SALES DEPARTMENT: Mail to: 24W421 Cliff Ct. Naperville IL 60540 or Email to: josefina@authenticvine.com