

NAYLOR WINE CELLARS, INC.
APPLICATION FOR CREDIT

PH : 717-993-2431
FAX: 717-993-9460

NAME _____ TELEPHONE (_____) _____
DBA _____ FAX (_____) _____

BILLING ADDRESS:

STREET _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS:

STREET _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: _____ DATE BUSINESS WAS ESTABLISHED _____

TYPE OF OWNERSHIP: PROPRIETORSHIP PARTNERSHIP CORPORATION FED ID# _____

NAME(S) OF PRINCIPALS _____

SOCIAL SECURITY # OF PRINCIPALS _____

NAME OF PARENT COMPANY, IF APPLICABLE _____

NAME CITY STATE

PRINCIPAL SUPPLIERS

SUPPLIERS	STREET ADDRESS, CITY & STATE	PHONE	FAX
1			
2			
3			
4			
5			

BANKS:

ACCOUNT NO.	NAMES	BRANCH	STREET ADDRESS, CITY & STATE	PHONE	FAX

LINE OF CREDIT REQUIRED \$ _____
If tax exempt please include a state approved Sales Tax Exemption Certificate.

AGREEMENT:

- Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:
1. Terms are that which are stated on the invoices. All amounts are due in accordance with said stated terms.
 2. Past due balances are subject to a service charge of a maximum permitted by state law and not less than \$1.00.
 3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
 4. The undersigned agrees to the terms and conditions stated herein.
 5. The undersigned hereby authorized the above mentioned banks and companies to release the information requested by NAYLOR WINE CELLARS, INC.

FORWARD TO:
NAYLOR WINE CELLARS, INC.
4069 VINEYARD ROAD
STEWARTSTOWN, PA 17363

Signed _____

Title _____

Date _____

