

VINTAGE IMPORTS, INC.
200 RITTENHOUSE CIRCLE WEST # 5
BRISTOL, PA 19007
(215) 788-1300 FAX (215) 788-9430

APPLICATION FOR CREDIT - DELAWARE

(Please print or type all information)

Customer # _____

Company Name: _____

Trade Name: _____

Business Address: _____

Employer ID # _____

Check One: [] Corporation

[] Partnership

[] Sole Proprietorship

Phone No. () _____

Fax No. () _____

Is your business property: [] Owned

[] Leased

If leased, from whom: _____

If owned: Value? _____

Mortgaged? If yes, with whom: _____

Bookkeepers Name: _____

Phone No. (If Different): () _____

Billing Address: _____

OWNERS OR OFFICERS OF COMPANY

Name: _____

Home Address: _____

Home Phone No.: () _____

Drivers License #: _____

Social Security No.: _____

Residence Owned?: _____

How Long at this address: _____

Name: _____

Home Address: _____

Home Phone No.: () _____

Drivers License #: _____

Social Security No.: _____

Residence Owned?: _____

How Long at this address: _____

OTHER INFORMATION

Have you ever had a liquor license in Delaware before? _____

If so, Account Name and Number: _____

Have you ever owned another business in Delaware? _____ If so, Business name: _____

Previous Employment: _____ Length of Relationship: _____

BUSINESS REFERENCE (Not Liquor Distributors)

Company Name: _____

Account No. # _____

Contact Person : _____

Phone Number: _____

Company Name: _____

Account No. # _____

Contact Person: _____

Phone Number: _____

