

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

**APPLICATION FOR CREDIT**

(Please print or type all information)

Company Name: \_\_\_\_\_ Check One: [ ] Corporation (State \_\_\_\_\_)  
Trade Name: \_\_\_\_\_ [ ] Partnership  
Business Address: \_\_\_\_\_ [ ] Sole Proprietorship  
\_\_\_\_\_  
[ ] LLC  
Employer ID #: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_ 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: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone No: (_____) _____	Home Phone No: (_____) _____
Drivers License #: _____	Drivers License #: _____
Social Security No: _____	Social Security No: _____
Residence Owned?: _____	Residence Owned?: _____
How Long at this address: _____	How Long at this address: _____

**Bank Information**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

**BUSINESS REFERENCE (Not Liquor Distributors)**

Company Name: _____	Company Name: _____
Account No. #: _____	Account No. #: _____
Contact Person: _____	Contact Person: _____
Phone Number: _____	Phone Number: _____

