

M Shiraz/Krush Wine & Spirits – 1115 W Liebau Rd Suite 300 Mequon WI 53092

CREDIT APPLICATION FOR OPEN ACCOUNT

BUSINESS CONTACT INFORMATION

Legal Name:		
Doing Business As:		
Phone:	Fax:	E-mail:
Billing address:		
City:	State:	ZIP Code:
Date business commenced:	Circle One: Sole Prop – Partnership – Corp - LLC - Other	

BUSINESS AND CREDIT INFORMATION

Delivery Hours/Instructions:

Do you accept FREE GOODS promotions? YES / NO	Do you want A/R printed on your invoices? YES / NO
How many copies of your invoice would you like upon delivery? 1 / 2 / 3	
Shipping address:	
City:	COUNTY: ZIP Code:
Telephone:	Fax: E-mail:
Bank name:	
Bank address:	Phone:
City:	State: ZIP Code:
Type of account:	Account number:

LIQUOR LICENSE INFORMATION

License Type:	Issuing Municipality:
Agent on License:	License Number:
Seller's Permit No:	Expiration:

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

OWNER(S)

Name:	Name:		
Address:	Address:		
City/State:	Zip Code:	City/State:	Zip Code:
Social Security #:	Social Security #:		

AGREEMENT

- In accordance with State Liquor Laws, all invoices are to be paid 30 days from the date of the invoice.
- By submitting this application, you authorize M Shiraz, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: