



5155 CLARETON DR, #100, AGOURA HILLS, CA 91301

TEL: (818) 879-0946 FAX: (818) 879-0956

WHOLESALE CONTACT INFO

Wholesaler:

EIN Number (Fed Tax Id)

State Lic. Number:

(MUST PROVIDE COPY OF LIC.)

Lic. Address:

City:

State:

Country:

Contact Person:

Tel:

Fax:

SHIPPING & RECEIVING CONTACT INFO

Ship to Address:

City:

State:

Country:

Contact Person:

Tel:

Fax:

Email:

Who Arranges Shipping?

Shipping Company:

A/P CONTACT INFO & INVOICE ADDRESS

Address:

City:

State:

Country:

Contact Person:

Tel:

Fax:

Email:

Please e-mail this completed form along with your credit application to: admin@pacifiedgesales.com

5155 Clareton Dr., Ste 100
Agoura Hills, CA 91301
Phone (818) 879-0946
Fax (818) 879-0956



3090 Grapevine Street
Jurupa Valley, CA 91752
Phone (951) 360-3300
Fax (951) 360-3315

WHOLESALE CREDIT APPLICATION

DATE:	SALES REP. SIGNATURE	AMOUNT:	COMPANY USE ONLY:
TERRITORY:	ACCOUNT TYPE:	COUNTY:	CREDIT APPROVAL DATE:
			CREDIT AMOUNT:

For the purpose of establishing credit with Pacific Edge Wines & Spirits, I/We, the undersigned, warrant the financial information below to be true, correct and complete to the best of my/our knowledge and hereby authorize any credit investigation needed for verification:

ABC LICENSE #: _____ DRIVER'S LIC. #: _____ SSN OR FED. ID: _____
NAME OF BUSINESS (DBA) _____ SOLE PROP. PARTNERSHIP CORPORATION
CORPORATION OR OTHER NAME (LICENSEE HOLDER): _____ DATE BUS. STARTED: _____
DELIVERY ADDRESS _____ CITY: _____ ZIP _____
CROSS STREET: _____ DELIVERY TIMES: _____
PHONE: () _____ FAX: () _____ EMAIL: _____
BILLING ADDRESS _____ CITY: _____ ZIP _____
ACCTS PAYABLE PHONE: () _____ FAX: () _____ CONTACT: _____

NAME AND HOME ADDRESS OF OFFICERS, PARTNERS, OWNERS OR OTHER RESPONSIBLE PARTY:
FULL NAME & TITLE: _____ RES. ADDRESS _____ PHONE: _____
1. _____
2. _____
3. _____

BANK NAME & BRANCH: _____ BUS. CHECKING ACCT. # _____
LIST THREE PRINCIPAL SUPPLIERS WITH WHOM YOU HAVE ESTABLISHED CREDIT FOR A MINIMUM OF ONE YEAR:
NAME AND ADDRESS (CITY): _____ TELEPHONE: _____
1. _____
2. _____
3. _____

State law requires that we must charge 1% on invoices that are not paid after 42 days. An additional 1% handling charge will be added to all such unpaid balances. Purchases are not covered by the foregoing state law will be charged 1% interest plus 1% handling charge on all delinquent accounts. Terms will be 30 days net unless otherwise stated on the invoice. By acceptance of the merchandise described in the invoice, the buyer agrees to pay the amount due, and agrees to pay all costs, including a reasonable collector's fee, whether suit be brought or not. APR = 12%. ALL RETURNED CHECKS WILL BE ASSESSED AN ADMINISTRATIVE AND BANK CHARGE OF \$45.00.

SIGNATURE: _____ DATE: _____

FOR CORPORATIONS ONLY - GENERAL CONTINUING GUARANTEE

In Consideration of the Extension of Credit for Goods Extended by the Seller Mentioned, I/We

NAME: _____
ADDRESS: _____
NAME: _____
ADDRESS: _____

As individuals and jointly and severally guaranty unto the seller, its successors and assigns, the prompt payment of any and all indebtedness of the applicant to the seller according to the terms thereof, which applicant may now or at any time hereafter owe to seller or seller's successors or assigns, together with interest thereon. Notice of every kind or nature including those of any action on the part of the applicant, seller or anyone else, are hereby fully waived by the undersigned. I/We hereby waive the right to require the seller to proceed against the applicant or to pursue any other remedy, waive the right to have the property of the applicant first applied to the discharge of indebtedness and waive the pleading of any statute of limitations as defense to the obligations hereunder. In case suit or action is instituted to collect any portion of an account owed by any parties to this agreement, I/We agree that the prevailing party in a collection suit or action will be entitled to reasonable attorney fees.

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____