



Customer Code _____

BUSINESS INFORMATION AND CREDIT APPLICATION

Regal Wine Imports, Inc.
2 Commerce Drive, Suite 3
Moorestown, NJ 08057

Ph: 856-985-6388
Fax: 856-985-5848
www.regalwine.com

Sales Representative _____ Date _____

Please email completed form to: newaccount@regalwine.com or fax to: 856-985-5848

****indicates section is required**

SECTION 1. Company Information**

Name of Business (Legal) _____ Trade Name (DBA) _____

State Liq. License# _____ Federal Tax I.D. # _____ State Tax I.D.# _____

Address _____ City _____ State _____ ZIP _____ County _____

Phone _____ Fax _____ Email _____ Website _____

SECTION 2. Contact Information, Operational**

Buyer's Name _____ Buyer's Email _____ Buyer's Phone _____

Hours of Operation _____ Delivery Hours _____

Delivery Instructions _____

Accounts Payable Name _____ Phone _____ Fax _____

Email _____

SECTION 3. Business Ownership**

Type of Business: ON Premise OFF Premise Date Business Started _____

Legal Form Of Business: S-Corp C-Corp Partnership Proprietorship LLC

Business Owner(s) _____ Percentage Owned _____

Business Owner(s) _____ Percentage Owned _____

Business Owner(s) _____ Percentage Owned _____

Owner's Phone _____ Owner's Fax _____ Owner's Email _____

SECTION 4. Bank Reference (If you wish to set up electronic payment, please attach a voided check)**

Name of Bank _____ Contact Name _____

Branch Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Account # _____ Checking Savings

SECTION 5. Trade References (3 references required; Please do not use Empire or Southern)

Company Name _____ Contact _____ Account Open _____
 Address _____ Phone _____ Fax _____
 Company Name _____ Contact _____ Account Open _____
 Address _____ Phone _____ Fax _____
 Company Name _____ Contact _____ Account Open _____
 Address _____ Phone _____ Fax _____

The undersigned hereby applies for credit with Regal Wine Imports and certifies that all information provided on this application is true and correct and said information is made for the purpose of inducing Regal Wine Imports to establish an open line of credit for the Applicant and/or allow the Applicant to submit company checks when purchasing on a C.O.D. basis. In support of this application, Regal Wine Imports is hereby authorized to independently verify the accuracy of any information provided on this application and to further investigate for credit purposes the individuals and entities listed hereon. Any credit extended by Regal Wine Imports to the undersigned and limits of such credit shall be at Regal Wine Imports sole discretion and may be reduced or revoked by Regal Wine Imports at any time and for any or no reason. Should Regal Wine Imports approve this application, I (we) agree to pay for all goods purchased within terms shown on related invoice. All orders shall be subject to acceptance in the County of Burlington, State of New Jersey. In the event the Applicant fails to pay any amounts due to Regal Wine Imports and Regal Wine Imports finds it necessary to refer any past due amounts to any attorney or third party for collection, the Applicant, including without exception all endorsers, shall additionally be liable for not less than 30% of the balance owing as an assessment for collection and/or attorney's fees in addition to any other legal fees, court costs and expenses incurred in association with collection.

Signature _____ *Date* _____
 Application Completed by _____ Title _____

The undersigned, jointly and severally, guarantee prompt payment for any indebtedness which may at any time and from time to time be incurred by the Applicant. In the event of any default at any time by the Applicant, Regal Wine Imports shall be entitled to look to the undersigned immediately for such payment without prior demand or notice and I/we waive any extension of time or other indulgence by Regal Wine Imports. The undersigned, jointly and severally, further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. The undersigned authorize you and/or your authorized agent to verify any of the above information, now or in the future, and/or obtain additional information by securing data from a credit reporting agency.

Owner (Print Name) _____ *Signature* _____ *Date* _____

Home Address, _____ *City* _____ *State* _____ *Zip* _____ *Phone* _____