



Confidential Customer Credit Application

Office Use Only  
David Gary  
Colin Ip  
Chad Hause  
Jacquee Renna  
Paul Hayashi

Please Check One:

- Option 1: COD (no references are required) Payment is due before or at delivery via credit card, check, or wire
- Option 2: net 30 Credit AMT: \_\_\_ \$1,000 \_\_\_ \$2,000 \_\_\_ \$3,000 other: \_\_\_\_\_

SHIP TO:

Business Name: \_\_\_\_\_  
 (dba) Trade Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Delivery Hours: \_\_\_\_\_

BILL TO: (If different from Ship To)

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

COMPANY INFO:

Accounts Payable Contact: \_\_\_\_\_  
 Accounts Payable Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Years In Business: \_\_\_\_\_  
 Alcohol Beverage License #: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_  
 DUNS#: \_\_\_\_\_  
 Name of Parent Co.: \_\_\_\_\_  
 \_\_\_ Individual \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ LLP \_\_\_ Corp

BUSINESS REFERENCES: Please list two trade references (please no distributors)

Name of Business: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BANKING INFO:

Primary Business Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 Bank City, State, Zip: \_\_\_\_\_  
 Account #'s \_\_\_\_\_

PRINCIPALS CONTACT INFO:

Please include Information for all Principal Business Owners

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

RESALE CARD (THIS PORTION MUST BE COMPLETED)

FIRMNAME: \_\_\_\_\_ RESALE# \_\_\_\_\_

I HEREBY CERTIFY that I hold a valid seller's permit number: Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling; that the tangible personal property described herein which I shall purchase from Grgich Hills Estate will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event that any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for tax measured by the purchase price of such property. Description of property to be purchased: WINE

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 At: \_\_\_\_\_ By and Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_