



## Credit Application

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Delivery Hours (4 hour window between 8am - 3pm): \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Accounts Payable Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

ABC License #: \_\_\_\_\_

CA Resale #: \_\_\_\_\_

**Please provide names and phone numbers for three credit references:**

1)

2)

3)

\_\_\_\_\_  
Signature of Applicant

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed form to [orders@farmwineimports.com](mailto:orders@farmwineimports.com)**

**Farm Wine Imports  
1332 4th Street #M, Berkeley, CA 94710**