Vieux Vins, Inc. / dba Elevage Wine Co. Credit Application

280 Valley Drive Brisbane, CA 94005 Tel: 415.333.9013 email: inquiries@elevage.wine

		*						
Account Name (DBA)				Sales Representative:				
Legal Name								
Shipping Address								
City			State			Zip		
Tel. Fax			e-mail		e-mail			
Billing Address (if different)		ı			L			
City			State Zip			Zip		
Billing Contact			Billing Contact Phone #					
Billing Fax			Billing e-mail					
Wine Buyer			Wine Buyer Phone #					
For Corporation, list principal office Partnership, list partners or owners		ers, for						
ABC License	Business Resale Permi	t	Federal Tax I.D. #			Dun & Bradstreet#		
Special Delivery Instructions (if an	ny)							
Days & Hours of Operation								
		DANIZINIC II	VIEODMA!	TION				
Name	Address	BANKING II	INFORMATION Account #			Phone #		
Name	Address		Account	#		rione#		
1								
2								
TRADE CREDIT REFERENCES (Please include small brokers or individual wineries when possible)								
	icase include s	man brokers of	mai vidual	WHICHES	when poss.			
1								
2								
3								
Terms of Agreement: Elevage Wine C made in accordance with California st date of delivery and each 30 days there is remitted in full. The undersigned a The person executing this Credit Appl credit privileges, your signature below	ate law, including eafter. Accounts of pplicant certifies of lication represents windicates your ag	provisions of the A whose (undisputed) that all the informat that he/she has full greement to abide by	ABC Act man balances ren tion on this for authority to y the aforemo	dating a 1% nain unpaid orm is corre sign said ap entioned terr	penalty on al after 30 days ect and that he oplication. Sh ms.	Il past-due invoices from the 43rd day may be placed on a C.O.D. basis until //she fully understands this credit agre ould Elevage Wine Co. grant your req	from the paymer eement.	
Signature of Owner/			Signature of					
Principal Partner Please Print			Partner Please Print					
riease Print			Please Pr	mt				
Date			Date					

CALIFORNIA RESALE CERTIFICATE STATE OF CALIFORNIA BOARD OF EQUALIZTION

COMPANY NAME:	
<i>DBA</i> :	
DELIVERY ADDRESS:	
MAIL (IF DIFFERENT)	
PHONE:	FAX:
WEB ADDRESS:	
I HEREBY CERTIFY: That I hold valid Issued pursuant to the Sales and Use Ta	id seller's permit #ax Law; that I am engaged in the business of selling:
Wine Co., will be resold by me in the fo that in the event any of such property is demonstration, or display while holding	
Date:20	_
Signature and Title:	
Printed name of purchaser:	

Please submit to Elevage Wine Co. at inquiries@elevage.wine