



# VINTAGE EPICURE DISTRIBUTION

## RETAIL CREDIT APPLICATION

Corporate Name	
DBA	
Principal Name/Title	
Principal Email Address	
State License Serial #	
Expiration Date	
Federal Tax ID#	
Date Established	

Billing Address	
Billing Address 2	
City/State/Zip Code	
Telephone Number	
Fax Number	

A/P Contact	
A/P Telephone	
A/P Fax Number	
A/P Email (for statements)	

Delivery Address, (if different)	Yes { } No { }
Delivery Address	
Delivery Address 2	
City/State/ Zip Code	

Delivery Instructions	
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Two Credit References	
Company Name/Tel #/Contact	
Company Name/Tel #/Contact	

**PLEASE BE ADVISED OF THE FOLLOWING FEES**  
BOUNCED CHECK FEE - \$35    RESTOCKING FEE - \$50  
BELOW MINIMUM DELIVERY FEE - \$12/EACH CASE UNDER MINIMUM (3 CASE MIN OR \$400)  
IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION, PLEASE CONTACT THE VINTAGE EPICURE  
OFFICE OR YOUR SALES REPRESENTATIVE.

**CUSTOMER SIGNATURE:** \_\_\_\_\_