



IMPORT LICENSE # NY11262

PHONE (516)-677-9300 FAX (516) 677-0497

DATE \_\_\_\_\_

**NATIONAL ACCOUNT CREDIT PROFILE**

CORPORATE NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
(hereafter known as "Buyer")

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E MAIL \_\_\_\_\_

IMPORT PERMIT # \_\_\_\_\_ EXP \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_ EXP \_\_\_\_\_

WINE SALES MANAGER: \_\_\_\_\_ EXT \_\_\_\_\_ PURCHASING AGENT: \_\_\_\_\_ EXT \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ EXT \_\_\_\_\_

<u>PRINCIPALS/PARTNERS:</u>	<u>NAME</u>	<u>SOCIAL SECURITY #</u>	<u>HOME ADDRESS</u>	<u>PHONE#</u>

BANK NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ACCT# \_\_\_\_\_ PHONE # \_\_\_\_\_ BANK CONTACT: \_\_\_\_\_

SUPPLIER REFERENCES: (AT LEAST 3 PREFERRED) ADDRESS, PHONE #, FAX #, A/R CONTACT NAME

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HEREAFTER KNOWN AS THE BUYER, IN CONSIDERATION OF OBTAINING PURCHASES ON CREDIT FROM MICHAEL SKURNIK WINES, INC., 575 UNDERHILL BLVD., SYOSSET, N.Y. 11791 (516) 677 9300 HEREINAFTER KNOWN AS THE SELLER, DOES HEREBY AGREE TO THE FOLLOWING: BUYER AGREES TO HONOR ALL TERMS AND CONDITIONS OF MOST CURRENT PRICE LIST, AND ASSUMES ALL RESPONSIBILITY FOR ATTAINMENT OF SAID INFORMATION. BUYER ALSO AGREES TO PAY FOR INTEREST AT \_\_\_\_\_% PER MONTH ON ANY INVOICE THAT REMAINS UNPAID FOR MORE THAN 60 DAYS AFTER IT IS DUE, FROM THE DUE DATE, AND FOR ANY AND ALL DELIVERIES UNDER AND PURSUANT TO ITS ACCOUNTS WHETHER ORDERED BY THE CUSTOMER OR BY ANY PERSON REPRESENTING HIMSELF/HERSELF/ITSELF TO BE AN AGENT, EMPLOYEE OR REPRESENTATIVE OF THE CUSTOMER. THE BELOW SIGNED AGREES TO PERSONALLY GUARANTEE ALL INDEBTEDNESS OWED TO MICHAEL SKURNIK WINES, INC. BY THE BUYER. THIS GUARANTEE SHALL BE CONSTRUED AS AN ABSOLUTE AND UNCONDITIONAL GUARANTEE OF PAYMENT, WITHOUT REGARD TO THE VALIDITY, REGULARITY OR ENFORCEABILITY OF ANY OBLIGATION OF BUYER. CREDITOR SHALL HAVE ITS REMEDY UNDER THIS GUARANTEE WITHOUT BEING OBLIGATED TO RESORT FIRST TO ANY SECURITY OR TO ANY OTHER REMEDY OR REMEDIES TO ENFORCE THE PAYMENT OR COLLECTION OF THE SAID LIABILITIES AND MAY PURSUE ALL OR ANY OF ITS REMEDIES AT ONE TIME OR AT DIFFERENT TIMES. IF THIS APPLICATION IS EXECUTED BY A CORPORATION, IT INCLUDES ANY AND ALL SUCCESSOR IN INTEREST OF SAID CORPORATION AND IS BINDING ON SAME AND ALL SUCCESSORS IN INTEREST, NOW AND IN THE FUTURE. IN THE EVENT OF ANY DELINQUENCY OF ANY ACCOUNT, BUYER AGREES TO PAY ALL COLLECTION COSTS, ATTORNEY FEES OF 25% OF THE UNPAID BALANCE DUE, AND COURT COSTS IN THE COLLECTION OF SAID ACCOUNT. BUYER CONSENTS TO THE VENUE AND JURISDICTION OF ANY COURT LOCATED IN NASSAU COUNTY, N.Y. BUYER AGREES THAT IN THE EVENT THE BUYER ISSUES A CHECK WHICH DOES NOT CLEAR THE COLLECTION PROCESS, A \$30.00 FEE SHALL BE ADDED TO THE BUYER'S INDEBTEDNESS.

PRINT NAME OF APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MICHAEL SKURNIK WINES**

575 UNDERHILL BLVD, SUITE 216 SYOSSET, NEW YORK 11791  
TEL. 516 677 9300 WWW.SKURNIKWINES.COM FAX: 516 677 0497



NYS #WW1391  
Phone: 516-677-9300, X 518

NYS #WW1391  
FAX: 516-677-0497

REQUEST FOR BANKING ACCT REFERENCE

**DATE :**

**TO:** \_\_\_\_\_ @ \_\_\_\_\_

**FROM :** Regenia P. Stokley/CREDIT DEPT **FAX # 516 677 0497**

Dear Christy, Please authorize the release of credit information by your bank,

Bank: \_\_\_\_\_, Fax# \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
\_\_\_\_\_ Inc

ACCOUNT NAME : \_\_\_\_\_ Acct # \_\_\_\_\_

Address: \_\_\_\_\_, City, ST, Zip \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_ - \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_

DATE ACCOUNT OPENED \_\_\_\_\_ AVERAGE BALANCE \_\_\_\_\_

BORROWING \_\_\_\_\_ MANNER OF PAYMENT \_\_\_\_\_

NON BORROWING \_\_\_\_\_

HISTORY OF RETURNED CHECKS : YES \_\_\_\_\_ NO \_\_\_\_\_

ACCOUNT CONSIDERED SATISFACTORY ? \_\_\_\_\_

Please be assured, any information you may give will be considered strictly confidential and will be handled accordingly.

Regenia P. Stokley  
Manager of Credit & Collections

Phone# 516-677-9300, X518, Fax 516 677 0497

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