

ACCOUNT APPLICATION



PO BOX 1826
New York, NY 10156

Company Name _____

DBA _____

Address _____

A/P Contact _____

Tel _____ Fax _____

E-mail Address _____

Sales Tax Certificate # _____ ***S.S.#** _____

SLA Lic # _____ ***EIN #** _____

Delivery: M T W Th F _____

*New requirement by **New York State Department of Taxation and Finance**. Customer must provide: Its New York State Sales Tax Certificate of Authority Number and its Federal Identification Number (EIN) (which is the Social Security Number if the company is a sole proprietorship)

Check appropriate Box

- Individual/Sole Proprietor Corporation Partnership LLC

I certify that I am authorized to sign and submit this application for and on behalf of the applicant. By signing this application, applicant agrees that all sales of wine to applicant shall be subject to the standard terms and conditions of sale listed in the Verity Wine Partners price book and website (www.veritywines.com).

Name _____ Title _____

Signature _____

Sales Partner _____

Tel (212)-683-8763-Fax 646-706-0509 e-mail jrodriguez@veritywines.com