



Veraison Beverage Distributors

Mailing Address: Box 239 • Gypsum, Colorado 81637

Phone: 970-390-5343 • Fax: 888-503-6823

Credit Application

The following information must be completed in order to receive product from Veraison Beverage Distributors. All information is confidential. All orders are COD until approved.

Business or Corporate Name _____ Business Phone _____ Business Fax _____

Doing Business As _____

***Attach Copy of Current Colorado State Liquor License

Liquor License # _____ Exp Date _____ Federal Tax # _____

Circle One: Individual Partnership Corporation Other _____

STREET ADDRESS

Street Address _____
 City _____
 State _____
 Zip Code _____

BILLING ADDRESS

Street or PO Box _____
 City _____
 State _____
 Zip Code _____

Special Delivery Instructions

Hours _____
 Location _____
 Lock Box _____

Accounting Contact _____
 Accounting Email _____

Owners	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Manager	Title	Address	Phone
_____	_____	_____	_____

Bank Name	Officer	Address	Phone
_____	_____	_____	_____

Credit Terms Requested (circle one): COD Net 30 Other _____

Preferred Payment Method (circle one): Checks Mailed Rep picks up pmt COD to driver

The undersigned agree that full payment for all merchandise ordered will be made within 30 days of order shipment date. Failure to do so shall result in a 1.5% per month late charge and possible delayed deliveries. It is also agreed that all collection and/or attorney costs will be paid by the undersigned.

Signature _____ Title _____ Date _____