

Unity Selections

3053 W. 26th Ave, Denver, CO 80211

303-800-3600 - FAX (831) 618-4138

info@unity-selections.com

CUSTOMER FILE MAINTENANCE

(Please Print) Fax Completed Form to (831)618-4138

Sales Representative must verify that the "Liquor License" and "Certificate of Occupancy" is on the premise.

Information From: _____ Date: _____

Input By: _____ Date: _____

All customer Sales assignments must be approved by the wine manager

Customer # 1) _____ (Account Number Assigned by Unity Selections)
Customer Name 2) _____
P.O. Box 3) _____
Street Address 4) _____
City, State, Zip 5) _____ 6) _____ 7) _____
Telephone 8) (_____) _____ - _____
Email 9) _____
Contact Name 10) _____
Scheduled Delivery Day 11) _____ (T; W; R; F; TR; WF)

All Sales Reps must be aware of all scheduled delivery day(s) request. Fax Request to (831)618-4138

Liquor License # 12) _____ (Verify with Office at 303-800-3600)
Shipping Instructions 13) _____
Open & Close Times 14) _____ : _____ am TO _____ : _____ pm
License Type 15) _____
Customer Type 16) _____ O=On-Premise R=Retail
Price Code 17) _____ A= Regular Prices B=Military C= Airlines
Terms Code 18) _____ 10= 30 days 2= COD 7= COD Cash Only 99= No Ship
Fax Number 27) (_____) _____ - _____
Set up Date 29) _____ / _____ / _____ Enter Current Date

CREDIT APPLICATION AND FINANCIAL STATEMENT (CONFIDENTIAL)

For the purpose of procuring and maintaining credit with Unity Selections, the undersigned submits the following as a true and accurate statement of the undersigned's financial condition on the date indicated, and agrees that if any change occurs that materially affects the means or ability of the undersigned to pay its obligations, the undersigned will immediately and without delay notify Unity Selections, of such a material change.

Date of Statement _____

Name _____ d.b.a. _____

Address _____ P.O. Box _____ City _____ State _____ Zip _____

State Liquor License # _____ Business Phone _____ Business Fax _____

Federal Tax I.D. # _____ State Tax I.D. # _____

Bank Information

Bank Name _____

Address _____ P.O. Box _____ City _____ State _____ Zip _____

Bank Phone # _____ Contact Name _____ Account # _____

Commercial Credit References

Name _____ Service Provided _____ Phone _____

Address _____ P.O. Box _____ City _____ State _____ Zip _____

Name _____ Service Provided _____ Phone _____

Address _____ P.O. Box _____ City _____ State _____ Zip _____

Name _____ Service Provided _____ Phone _____

Address _____ P.O. Box _____ City _____ State _____ Zip _____

If this application is being submitted on behalf of a business, the undersigned represents and certifies that all necessary actions have been taken to authorize this Application, and that the business has been validly formed and currently exists in good standing under the laws of the State of Colorado. Unity Selections, will be entitled to rely upon your authority to bind the business until such time as written revocation of such authority has been delivered to us and noted in our records.

The undersigned acknowledges that the credit terms of Unity Selections are payment in full within thirty (30) days from the date of invoice as required by federal alcohol statutes. In the event credit is extended by Unity Selections, the undersigned agrees to these credit terms and agrees to comply with all federal statutes and regulations governing payment. The failure to pay in accordance with these credit terms shall constitute a default and shall entitle Unity Selections to exercise all available legal remedies to collect the indebtedness. The undersigned further agrees to pay all of Unity Selections costs of collection, including attorney fees, whether or not suit is brought. Interest shall accrue on all delinquent obligations at the rate of 1 ½ % per month.

The undersigned certifies that the information provided in this Application is true and correct as the date set forth above.

AUTHORIZED REPRESENTATIVE OF BUSINESS:

Name of Business: _____

Name: _____

Signature: _____

Title: _____

Date: _____