



NEW ACCOUNT APPLICATION

PLEASE COMPLETE AND SEND TO: Domaine Select Wine Estates LLC, 555 Eighth Avenue Suite 2302 New York, NY 10018. Add attachments if necessary to fully answer all items. Information given by the undersigned will be held in strict confidence and used solely by Domaine Select Wine Estates LLC for the purpose of extending credit.

Please attach a legible copy of your State Appointed Liquor License.

Name of Applicant (as on license)

Trade Name (if any):

License Type and Serial Number: _____

License Issue Date: _____ License Expiration Date: _____

Resell No. _____ Expiration Date _____

Federal ID No. _____

Street Address:

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

Billing Address (If different): _____

City _____ State _____ Zip Code _____

Accounts Payable Contact

Name: _____

Telephone No. _____ Fax No. _____

E-mail address: _____

Special Delivery Instructions: _____

Business is: ___ Incorporated ___ Proprietorship ___ Partnership ___ LLC ___ LLP

Date Business Established _____

If Incorporated, Date of Incorporation _____

State of Incorporation: _____



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CREDIT REFERENCES: (Contact should be credit manager/financial officer of Reference Co.)

Trade Reference 1: Company Name _____
Contact _____
Address _____
Phone Number _____ Fax Number _____
E-mail _____
Trade Reference 2: Company Name _____
Contact _____
Address _____
Phone Number _____ Fax Number _____
E-mail _____

BANK REFERENCE:

Bank Name _____ Contact _____
Address _____
Phone Number _____ Fax Number _____
Email _____

PRINCIPAL OWNERS, OFFICERS AND PARTNERS:

Name Title Year Joined Company

Current financial statements may be requested periodically.

Has the Company provided any corporate Guarantees?

Yes _____ No _____

If yes, whose debt is it guaranteeing?



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Applicant certifies that all information contained herein is true and correct. Applicant grants permission to **Domaine Select Wine Estates LLC** to obtain independent credit reports or credit reports and other information from its references and bank, and authorizes the credit references and bank reference to release information to **Domaine Select Wine Estates LLC** that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered. Applicant agrees to pay all costs of collection, including actual out-of-pocket expenses and a collection fee of twenty-five percent if collected through a collection agency or attorney. The laws of the State of New York shall govern all contracts entered into between Applicant and **Domaine Select Wine Estates LLC**, and all disputes may be resolved within the Courts within the State of New York.

Company: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____

I am either a sole proprietor, a partner in a partnership or one of the principal stockholders of the Corporation seeking an extension of credit from Domaine Select Wine Estates LLC. I hereby personally guarantee to pay any and all invoices from Domaine Select Wine Estates LLC. I further give permission to **Domaine Select Wine Estates LLC** to obtain and utilize an individual credit report on me personally to determine my creditworthiness.

Signature: _____

Social Security No. _____ Date: _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS; AGE; (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Domaine Select Wine Estates LLC, 555 Eighth Avenue, Suite 2302, New York, New York 10018 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

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Please note all payments must be sent to 555 8th Avenue Suite 2302 New York, NY 10018