



DIANE C. HARDER WINE MARKETING INC.

CREDIT APPLICATION

Today's Date: _____

Company Name: _____ Corporate Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax: () _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner: _____ Telephone: () _____ Contact Person / Title: _____

Telephone: () _____ Corporate Offices: _____ Name / Title: _____

ABC Number: _____ Resale Number: _____

BANK REFERENCES

Bank Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Telephone: () _____ Contact Person: _____ Account Number: _____

BUSINESS REFERENCES

Name: _____ Address: _____ Telephone: () _____

Name: _____ Address: _____ Telephone: () _____

Name: _____ Address: _____ Telephone: () _____

TO ALLOW DIANE C. HARDER WINE MARKETING TO EVALUATE THIS APPLICATION, I AUTHORIZE THE ABOVE BANK(S) AND BUSINESSES TO RELEASE FINANCIAL/CREDIT INFORMATION CONCERNING

MY/OUR ACCOUNTS TO DIANE C. HARDER WINE MARKETING. UPON APPROVAL OF THIS APPLICATION, IT IS AGREED THAT ALL PURCHASES WILL BE PAID IN ACCORDANCE WITH THE TERMS OF SALE .

Authorized Signature

Print Name

Title