



To Whom it May Concern:

Our Company requires a complete credit application on file for each licensee. Please complete this application and return to:

creditapps@wrightbev.com

or mail to:

Wright Beverage Distributing
3165 Brighton Henrietta Town Line Road
Rochester, NY 14623

Fax: 585-502-0999

All credit applications should be completed within one week to ensure prompt review.

Thank you,

Diane Giuseppetti
Accounts Receivable
Wright Beverage Distributing- Rochester Territory
585-424-9604
dgiuseppetti@wrightbev.com



INDIVIDUAL PERSONAL GUARANTEE

Date: _____, 20____

I, _____ residing at _____

_____, for and in consideration of your extending credit at my request

to: _____,

located at: _____,

(*hereinafter referred to as the "Company"*) hereby personally guarantee to you the payment at **Wright Beverage Distributing** in the State of New York of any obligation of the Company, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood for such indebtedness of the Company. I do hereby waive notice of default, non-payment, and notice of thereof, and consent to any modification or renewal of the credit hereby guaranteed.

Signature

Witness

Address

Credit Application

BUSINESS INFORMATION:

DBA _____
 Business Address _____
 _____ Zip _____
 Business Telephone _____ Fax: _____
 License Name _____
 License Number _____
 Expiration Date _____
 NY State Sales Tax # _____

PERSONAL INFORMATION: (*MUST COMPLETE)

Applicant's Name _____
 *Date of Birth _____
 *Social Security No. _____
 Home Address _____
 _____ Zip _____
 Home Telephone _____
 Cell Phone _____
 Email _____

TYPE OF BUSINESS:

Corporation _____ (list officers & ownership % below) Limited Liability Co. _____ (list members & manager below)
 Sole proprietorship _____ (list owners below) Partnership _____ (list partners below)
 Corporation or LLC Name: _____

PRINCIPALS:

Name & Title	Soc. Sec. #	Home Address	Home Phone	% of Stock

PLEASE NOTE: Wine & Spirits statements will be sent bi-weekly.

ACCOUNTS PAYABLE INFORMATION: Please provide an email address for (your) Accounts Payable:

A/P Contact Name: _____ A/P Email Address: _____
 Address: _____
 Phone #: _____

CHECKING ACCOUNTS:

	Name of Bank	Branch	Account Number
1			
2			

CREDIT REFERENCES:

Name _____ Name _____
 Address _____ Address _____

APPLICANT AGREES TO THE FOLLOWING TERMS: (1) Payment is due after close of applicant's billing cycle as fixed by NY SLA; (2) After 60 days, finance charges of 1.5% per month will accrue; (3) A credit hold will be placed on accounts over 60 days; (4) Bank fees will be assessed on checks which do not clear; (5) In the event of default in payment, applicant agrees to pay all costs of collection or arbitration to include reasonable attorney fees; (6) All claims, adjustment requests or error notifications must be received within 30 days of invoicing or are deemed waived; (7) This agreement shall apply to all current and future charges and may be canceled only if written and delivered by registered mail; (8) Credit privileges may be withdrawn at any time without invalidating this agreement; (9) We hereby authorize Wright Wisner Distributing Corp. to contact credit reporting agencies, and all bank, credit and trade references herein to verify our credit standing and authorize them to release said information to you.

Applicant Signature/Title

Date

Applicant Signature/Title

Date



Collections Policy

1. Returned checks (NSF) -- The customer will be notified by phone of a returned check and their account will be charged the amount of the check as well as a \$20.00 returned check fee. If we receive two (2) NSF checks from the same customer within a three (3) month period, that customer will no longer be eligible to write checks for 6 months or for a period of time to be determined by the Collections Department and will be required to pay for deliveries by cash, certified check or money order.
2. SLA Listing – Customers are required to pay for deliveries according to the NYS Liquor Authority Credit Calendar. Customers who do not pay by the time allotted will be listed with the SLA and made COD until the past due balance is paid in full. **A copy of the SLA Credit Calendar can be found at www.sla.ny.gov/.**

If no arrangements are made and no attempt is made by the customer to pay off the overdue balance after two (2) months, that customer will be sent to CCC for collection and the account will be put on hold so no deliveries can be made.

3. No Credit Application -- A customer that has not filled out a credit application, or refuses to do so, will not be permitted to write checks or charge on account.

Account Name _____

Account Address _____

Owner Name (printed) _____

Owner Signature _____

Date _____

Your signature verifies that you have read and understood the policies listed above.



Department of Taxation and Finance
New York State and Local Sales and Use Tax
Resale Certificate

ST-120
 (6/18)

Name of seller WRIGHT BEVERAGE DISTRIBUTING			Name of purchaser		
Street address 3185 BRIGHTON HENRIETTA TOWNLINE ROAD			Street address		
City ROCHESTER	State NY	ZIP code 14623	City	State	ZIP code

Mark an X in the appropriate box: Single-use certificate Blanket certificate
 Temporary vendors must issue a single-use certificate.

To the purchaser:
 You may not use this certificate to purchase items or services that are not for resale. If you purchase tangible personal property or services for resale, but use or consume the tangible personal property or services yourself in New York State, you must report and pay the unpaid tax directly to New York State. Any misuse of this certificate will result in tax liabilities and substantial penalty and interest.

Purchaser information — please type or print
 I am engaged in the business of _____ and principally sell _____
 (Contractors may not use this certificate to purchase materials and supplies.)

Part 1 – To be completed by registered New York State sales tax vendors

I certify that I am:
 a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid *Certificate of Authority* number is _____
 a New York State temporary vendor. My valid *Certificate of Authority* number is _____ and expires on _____

I am purchasing:
 A. Tangible personal property (other than motor fuel or diesel motor fuel)
 • for resale in its present form or for resale as a physical component part of tangible personal property;
 • for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service; or
 B. A service for resale, including the servicing of tangible personal property held for sale.
 C. Restaurant-type food, heated food, or heated drink for resale.

Part 2 – To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____ (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write *not applicable* on the line requesting the registration number.)

I am purchasing:
 D. Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
 E. Tangible personal property for resale that will be resold from a business located outside New York State.

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that this document is required to be filed with, and delivered to, the vendor as agent for the Tax Department for the purposes of Tax Law section 1838 and is deemed a document required to be filed with the Tax Department for the purpose of prosecution of offenses. I also understand that the Tax Department is authorized to investigate the validity of tax exclusions or exemptions claimed and the accuracy of any information entered on this document.

Type or print name and title of owner, partner, or authorized person of purchaser	
Signature of owner, partner, or authorized person of purchaser	Date prepared

Substantial penalties will result from misuse of this certificate.