



Wright Beverage Distributing

New Account Application

3165 Brighton Henrietta Townline Road · Rochester, New York 14623

585-427-2880 · 585-272-1216 (Fax)

Please Submit Application to: newaccount@wrightbev.com Or Fax to (585) 272-1216

1. General Business Information

	Details (Please fill in)
Legal Entity/License Name	_____
DBA (Doing Business As)	_____
Business Address	_____ City: _____ State: NY Zip: _____
Mailing Address	_____ City: _____ State: ____ Zip: _____
Business Phone & Fax	Phone: _____ Fax: _____
SLA Legacy Serial Number	_____ Non-Alcohol Only <input type="checkbox"/>
License Expiration Date	_____
Federal Tax ID	_____
NY State Sales Tax ID	_____
Sales Tax Exemption Form Supplied	<input type="checkbox"/> ST-120 <input type="checkbox"/> ST-119 NOTE: If <u>NO</u> form is received- SALES TAX WILL CHARGED
Type of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC

2. Accounts Payable Contact

	Details (Please fill in)
Name	_____ <input type="checkbox"/> Check here if COD terms are requested
Email	_____
Phone	_____

NOTE: Statements emailed to the A/P contacts email address on a bi-weekly basis in accordance with the NY State Liquor Authority.

3. List of All Owners

Name: _____ Title: _____ email: _____

Home Address: _____ Phone#: _____ %Stock _____

Name: _____ Title: _____ email: _____

Home Address: _____ Phone#: _____ %Stock _____

Name: _____ Title: _____ email: _____

Home Address: _____ Phone#: _____ %Stock _____

Name: _____ Title: _____ email: _____

Home Address: _____ Phone#: _____ %Stock _____

4. Other Accounts with Wright Beverage

Please list any other accounts: _____

5. Applicant Agreement Terms

(1) Payment is due after close of applicant's billing cycle as fixed by NY SLA or 30 days if non-alcohol; (2) Customers who are past due according to the NYS Liquor Authority Credit Calendar will be **placed on the SLA delinquency list and terms will be changed to 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/ (3) Past due non-alcohol customers over 60 days will be placed on COD terms until balance is paid in full (4) Credit will be extended at the discretion of Management; (5) The customer will be notified of any returned check, and the account will be charged for the amount of the check and a returned check fee of \$30. We will attempt to redeposit the check electronically. If **two** NSF checks from the same customer are received within a three-month period, that customer will no longer be able to write a check for at least 6 months or for a period to be determined by the Management. Customers are required to pay for deliveries by certified check, money order or credit card. (6) In the event of a default in payment, applicants agree to pay all costs of collection or arbitration to include reasonable attorney fees (7) Fuel surcharge of \$5 will be charged if Diesel price rises above \$4 per gallon for a 30 day period

	Signature/Details
Authorized Signature	_____
Date	_____
Printed Name	_____
Title	_____

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Personal Guarantee

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TO: **Wright Beverage (Distributor)** including all divisions, subsidiaries, and affiliates thereof.

I (we), _____ and _____,
(Principal) (Principal)
_____ and _____,
(Principal) (Principal)

Understand that after having my (our) new account application evaluated for, and in consideration of, extending charge terms at my (our) request to: _____
(Name of Company)

(hereinafter referred to as the "Company"), hereby personally guarantee payment of all indebtedness now and hereinafter owing by the Company, whether an individual, partnership, corporation, or other entity.

In consideration of the extension of charge terms, I (we), the undersigned, hereby individually and personally guarantee to pay all sums of money that, at any time hereinafter, become due, whether said indebtedness be in the form of equipment, product bills, open accounts, or any other forms. The guarantor(s) also agree(s) to pay all additional charges, including attorney fees, collection costs, and court costs incurred in the enforcement of this guarantee.

Please Print:

- 1) Name _____ Home Address _____
Personal Phone # _____ Signature _____ Date _____
- 2) Name _____ Home Address _____
Personal Phone # _____ Signature _____ Date _____
- 3) Name _____ Home Address _____
Personal Phone # _____ Signature _____ Date _____
- 4) Name _____ Home Address _____
Personal Phone # _____ Signature _____ Date _____

Signature of Principal (Guarantor) Date _____



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 3165 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.

Wright Beverage Distributing

Automatic Payment Enrollment Form

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- No Cost - Eliminates paying with checks or money orders - Quick and easy sign-up

To sign up for Automatic bill payments, please complete the payment option and payment schedule.

Please Note: *COD accounts are only eligible for Day After Delivery Payment Withdraw. Also, if the account is listed on the NY SLA website delinquency list at the time of delivery, that payment will be processed the next day*

Account Number _____
Customer Name (Company) _____
Address _____ City _____ State _____ Zip _____
Business Phone _____ Cell Phone _____
Email _____ Additional Email _____

TO ENROLL YOURSELF ** Please visit www.wrightbev.com

Select: **For Customers**, where you will find **Online Payment Options**:

1) ePay with Checking Account / Credit Card

Follow the prompts to set up your online payment account and enter your banking information. You can call the office for help if needed. (please note, if paying by credit card, we are required to charge a 3% fee, per NY SLA regulations)

2) Fintech Automated Bill Payment

Follow the prompts to set up your Fintech account. For help you will need to contact Fintech directly at 813-288-1980

For Wright Beverage to set you up for AutoPay please complete below:

AUTOMATIC PAYMENT SCHEDULE (Select Only One)

- NYS SLA Terms (By NYS Calendar terms for Beer/Wine/Liquor)
- Non-Alcoholic & Snacks-Net 30-Day Terms
- Day after Delivery

Please note: If you do not check the box, you will be set up based on Invoice Due Date.

I hereby authorize Wright Beverage (Distributor) its electronic funds service providers, any of its successor and assigns (hereinafter referred to as the "Company"), to initiate debit/credit entries to my bank account or charge my credit card as indicated above. I understand that I may discontinue enrollment in the Auto Payment service any time by informing the company by writing to the address below. Payments returned for non-sufficient funds will be reinitiated and a \$30 fee will be charged to the account.

Primary Authorized Signer _____ **Date** _____

(**Must be a signer on the account above**) This authority is to remain in full force and effect until the Company receives written notification of its termination at such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Please return this form by mail to: Wright Beverage Distributing, 3165 Brighton Henrietta Town Line Road, Rochester, NY 14623 or by email to newaccount@wrightbev.com or your to AR Representative

Please Note: For security reasons, do not email your checking account information to Wright Beverage. You can mail it with the completed form, give it to your salesperson with the form or call the office with your banking information and email the signed form (we must have your signature to set up recurring payments)
