



# COLONIAL WHOLESALE BEVERAGE

**P.O. Box 1430**

**Fall River, MA 02722**

**Fax # 508-996-2937**

## CREDIT APPLICATION

DATE \_\_\_\_\_ NEW LICENSE TRANSFER (Check One)

Date of Opening \_\_\_\_\_

Formerly (D.B.A.) \_\_\_\_\_

License Name \_\_\_\_\_

D.B.A. Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Ownership (Check One)

CORPORATION PARTNERSHIP INDIVIDUAL

Manager on License \_\_\_\_\_

Buyer's Name \_\_\_\_\_

Special Instructions \_\_\_\_\_

Closest Licensed Account \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

SM # \_\_\_\_\_ Call Day \_\_\_\_\_ On/Off\_ Market Type \_\_\_\_\_

License Number \_\_\_\_\_ Cycle \_\_\_\_\_ Terms \_\_\_\_\_

ZN-SEQ \_\_\_\_\_ DelDay \_\_\_\_\_ County \_\_\_\_\_

TER \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

\*\*\*UNTIL CREDIT APPROVAL, PREPAYMENT OF  
ALL ORDERS MAY BE REQUIRED\*\*\*

Account Bookkeeper \_\_\_\_\_

Bookkeeper's Telephone Number \_\_\_\_\_

Owner's Name 1. \_\_\_\_\_ 2. \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

NAME AND ADDRESS OF A PRIOR ALCOHOL LICENSE  
OWNER(S) HAS/HAVE HELD IN THE PAST:

\_\_\_\_\_  
\_\_\_\_\_

Dates Prior License was held \_\_\_\_\_

Bank Reference (s):

Names:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Address:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

\_\_\_\_\_

LIST THREE CURRENT OR PAST BUSINESS REFERENCES:

NAMES:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

ADDRESS:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Phone Number:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_