



Authorized Dealer Application

BUSINESS & CONTACT INFORMATION

COMPANY NAME:

APPLICANT NAME & TITLE:

COMPANY STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

Date Business Commenced:

How long at current address:

Phone:

FAX:

E-MAIL

Business Type:

Sole Proprietorship:

Partnership:

Corporation:

Other:

BUSINESS/TRADE REFERENCES

COMPANY NAME:

Type of Account:

COMPANY STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

Phone:

FAX:

E-MAIL

AGREEMENT

1. All invoices are to be paid 30 days from date of the Invoice. 2. Claims arising from Invoices must be made within seven working days.

SIGNATURES

Signature

Printed Name & Title

Date

Signature

Printed Name & Title

Date

Please send your form to Wine Logic 4880 Billane Dr. House Springs, MO 63051 or email it to info@wine-logic.com.