

# Credit Application

SALES REP: \_\_\_\_\_

**PAYMENT METHOD:** COD Fintech Checks ACH  
*please select one*

CORPORATION: \_\_\_\_\_

DBA: \_\_\_\_\_

LICENSE TYPE *please select one*

On Premise      Off Premise      Combo

BILLING ADDRESS

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



## Lagniappe

1423 W Chicago Ave

Chicago, IL 60642

T 773.358.2344

E:orders@lagniappebeverage.com

**lagniappebeverage.com**

LICENSE #: \_\_\_\_\_

ISSUED: \_\_\_\_\_

EXPIRES: \_\_\_\_\_

*Copy of Liquor License must accompany this application*

TAX ID # \_\_\_\_\_

SHIPPING ADDRESS *if different from billing*

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

**CONTACTS** *(Please include name, phone number, and e-mail address)*

PRINCIPAL: \_\_\_\_\_

BUYER: \_\_\_\_\_

ACCOUNTS PAYABLE: \_\_\_\_\_

**BANK INFORMATION**

NAME: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PREFERRED DELIVERY INSTRUCTIONS:**

DAYS + HOURS: *Please provide MINIMUM four hour window*

DETAILS: *(door code, loading dock info, etc)*

PLEASE TAKE NOTICE: A 1.5% PER MONTH SERVICE CHARGE WILL BE APPLIED TO ALL PAST DUE BALANCES. SHOULD THE SERVICES OF AN OUTSIDE AGENCY BE REQUIRED TO COLLECT UNPAID DEBTS, ALL FEES INCURRED INCLUDING REASONABLE ATTORNEYS FEES, SHALL BE THE RESPONSIBILITY OF THE DEBTOR. EVEN IF THE SIGNATORY IS A CORPORATION OR PARTNERSHIP, THE SIGNATORY, WHETHER EXECUTING THIS CONTRACT AS AN OFFICER OR NOT, DOES HEREBY PERSONALLY GUARANTEE PAYMENT OF ALL BILLS.

SIGNATURE

NAME

TITLE

DATE