

**CREDIT APPLICATION**

**PURPLE FEET WINES, LLC**

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FULL NAME & ADDRESS OF BUSINESS (CORPORATE NAME OR LICENSEE NAME):					
BUSINESS ORGANIZATION:		CORPORATION	LLC	PARTNERSHIP	SOLE-PROPRIETOR
LIQUOR LICENSE #:		WI SELLERS PERMIT #:			
TELEPHONE:		FAX:		EMAIL:	
CONTACT PERSON & POSITION:					
NAME & ADDRESS OF BUSINESS OWNERS (PLEASE USE AN ADDITIONAL SHEET IF MORE THAN 2 OWNERS)					
1) NAME:		PRIOR ADDRESS (IF < 5 YRS AT CURRENT):			
HOME ADDRESS:					
CITY & STATE:					
HOME PHONE NO.		DO YOU OWN OR RENT YOUR HOME?			
2) NAME:		PRIOR ADDRESS (IF < 5 YRS AT CURRENT):			
HOME ADDRESS:					
CITY & STATE:					
HOME PHONE NO.		DO YOU OWN OR RENT YOUR HOME?			
OWNER OF BUSINESS PROPERTY & PHONE #:					
BANK NAME, CONTACT PERSON & PHONE #:					
CREDIT REFERENCES(COMPANY, CONTACT, PHONE #):					
ADDITIONAL INFORMATION:					

I UNDERSTAND AND AGREE THAT ALL PURCHASES MADE BY THE ABOVE NAMED BUSINESS WILL BE PAID FOR WITHIN A 30 DAY PERIOD. SHOULD IT BE NECESSARY TO ASSIGN THE ACCOUNT BALANCE TO A LICENSED COLLECTION AGENCY OR AN ATTORNEY FOR LEGAL ACTION, ALL SUBSEQUENT COLLECTION CHARGES AND LEGAL FEES SHALL BE PAID BY THE APPLICANT. THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS MADE IN THIS REQUEST FOR CREDIT ARE TRUE AND COMPLETE AND AGREES THAT ALL CREDIT EXTENDED SHAL BE DEEMED SUBJECT TO THE TERMS, HEREIN AGREED TO.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_