



Dear Sir/Madam,

Per your conversation with our Customer Service Team, we are sending you the forms to open an account with our company. Thank you for giving Skurnik Wines the opportunity to work with you.

We are required to have on file a copy of your liquor license, a signed resale certificate, and account profile form (enclosed). Please complete the attached forms and send them along with a copy of your liquor license to the fax number, address or email listed below.

Skurnik Wines
100 Jericho Quadrangle, Suite 140
Jericho, NY 11753
P. 212 273 9463 x 2401
F. 516 677 0497
allcredit@skurnik.com

Thank you in advance for your cooperation regarding this matter.

Sincerely,

Credit & Collections Team
Skurnik Wines
212 273 9463 (ext 2401)



**NATIONAL
ACCOUNT PROFILE**

ACCOUNT PROFILE				
date		license (corp) name		
DBA (hereafter known as 'buyer')				
serial #		expiration date	Federal ID / resale #	
street address			city / state / zip	
corp. start date	requested credit limit		delivery instructions	
PRIMARY CONTACT (BUYER)				
name		title	salesperson	
business phone #		cell #	email	
A/P CONTACT				
name		title	fax #	
business phone #		cell #	email	
PRINCIPAL / PARTNER				
name		phone #	social security #	
home street address			city / state / zip	
ADDITIONAL PRINCIPAL(S) / PARTNER(S)				
name		phone #	social security #	
home street address			city / state / zip	
list additional corporations of partnerships				
BANK REFERENCE				
name		address	account #	date account opened
TRADE REFERENCES				
list at least two industry-related references				

Hereafter known as the buyer, in consideration of obtaining purchases on credit from Skurnik Wines, Inc., 100 Jericho Quadrangle, Suite 140, Jericho NY 11753 (212) 273 9463 hereinafter known as the seller, does hereby agree to the following: buyer agrees to honor all terms and conditions of most current price list, and assumes all responsibility for attainment of said information. Buyer also agrees to pay for interest at ____% per month on any invoice that remains unpaid for more than ____ days after it is due, from the due date, and for any and all deliveries under and pursuant to its accounts whether ordered by the customer or by any person representing himself/herself/itself to be an agent, employee or representative of the customer. The below signed agrees to personally guarantee all indebtedness owed to Skurnik Wines, Inc. by the buyer. This guarantee shall be construed as an absolute and unconditional guarantee of payment, without regard to the validity, regularity or enforceability of any obligation of buyer. Creditor shall have its remedy under this guarantee without being obligated to resort first to any security or to any other remedy or remedies to enforce the payment or collection of the said liabilities and may pursue all or any of its remedies at one time or at different times. If this application is executed by a corporation, it includes any and all successor in interest of said corporation and is binding on the same and all successors in interest, now and in the future. In the event of any delinquency of any account, buyer agrees to pay all collection costs, attorney fees of 25% of the unpaid balance due, and court costs in the collection of said account. Buyer consents to the venue and jurisdiction of any court located in Nassau County, NY. Buyer agrees that in the event the buyer issues a check which does not clear the collection process, a \$30.00 fee shall be added to the buyer's indebtedness.

print name of applicant	signature	date
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Michael Skurnik Wines, Inc.

P: 212-273-9463 x2401 | F: 516-677-0497 | E: AllCredit@skurnikwines.com | NYS #WW1391

Request for Banking Account Reference

DATE: _____

TO: _____ Fax#/Email Address

FROM: Regenia Stokley, Skurnik Wines, Credit Department

Please authorize the release of credit information by your bank:

Bank: _____ Fax #: _____

Authorized Signature: _____

Printed Name: _____

Account Name: _____ Acct # _____

Address: _____ City, State Zip: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

Date Account Opened: _____ Average Balance: _____

Borrowing: _____ Manner of Payment: _____

Non Borrowing: _____

History of Returned Checks: Yes? _____ No? _____

Account Considered Satisfactory? _____

Please be assured that any information you may give will remain strictly confidential and handled accordingly.

Regenia P. Stokley
Manager of Credit & Collections

Manhattan
48 W 25th Street, 9th Floor
New York, NY 10010

Long Island
100 Jericho Quadrangle, Suite 140
Jericho, NY 11753