

ELITE WINES OF MARYLAND, INC. T/A ELITE WINES®
 505 HAMPTON PARK BLVD., UNIT-D
 CAPITAL HEIGHTS, MD 20743
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CUSTOMER PROFILE/CREDIT APPLICATION

General Information	
Legal Name	
Trade Name	
Address	
City/State/Zip	
County	
Phone #	
Fax #	
Company Information	
Company E-Mail	
Website	
Wine Buyer(s)	
Wine Buyer Email	
Accounts Payable Mgr.	
Accounts Payable E-Mail	
Hours of Operations	
Delivery Instructions	
Type of Premise	Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/>
State Information	
*MD ABC License	
*Sales and Use Tax #	
Ownership Information	
Entity Type (please check one)	Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
Federal ID #	
Social Security # (if sole proprietor)	
Name of Owner(s)	
Personal Guarantee of payments	(THIS SECTION MUST BE COMPLETE)
Printed name:	
Title(officer/director/owner/principal):	
Signature:	
Date:	

Copy of ABC License & MD Sales Tax and Use Certificate is required upon submission