

**ELITE WINES OF MARYLAND, INC. T/A ELITE WINES®**  
 505 HAMPTON PARK BLVD., UNIT-D  
 CAPITAL HEIGHTS, MD 20743  
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 info@elitewines.net www.Elitewines.net

**CUSTOMER PROFILE/CREDIT APPLICATION**

<b>General Information</b>	
Legal Name	
Trade Name	
Address	
City/State/Zip	
County	
Phone #	
Fax #	
<b>Company Information</b>	
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"/>
<b>State Information</b>	
*MD ABC License	
*Sales and Use Tax #	
<b>Ownership Information</b>	
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)	
<b>Personal Guarantee of payments</b>	<b>(THIS SECTION MUST BE COMPLETE)</b>
Printed name:	
Title(officer/director/owner/principal):	
Signature:	
Date:	

**\*Copy of ABC license is required upon submission\***