
GIANNONI SELECTIONS

Credit Application

Beverage Buyer Contact: _____ Email: _____

Establishment Phone: _____ Fax: _____

Principal Contact: _____ Title: _____

Principal Email: _____ Phone: _____

Billing Contact: _____ Phone: _____

Billing Contact Email: _____ Phone: _____

Billing Address: _____

Delivery Address: _____

Delivery Instructions: (4 hr window) _____

Company Type: _____ EIN#: _____

Liquor License Expiration Date: _____

Trade References (Email/Phone): _____

Bank References (Branch/Email/Phone): _____
