



WHOLESALE CREDIT APPLICATION

BUSINESS INFORMATION			
Trade Name (DBA)		TABC Permit Number	
Corporate/Owner		TABC Permit Expiration	
Business Phone		Sales Rep Use Only	Terms
Business Address City, State ZIP Code		Tier	COD or CHARGE/Fintech
Other Businesses	YES OR NO If yes list:	Home Store	Credit Limit requested:

CONTACT INFORMATION	
Orders Contact	Phone
Email	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Voice Call <input type="checkbox"/> Text
Accounting Contact	Phone
Email	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Voice Call <input type="checkbox"/> Text
Owner/Officer	Phone
Email	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Voice Call <input type="checkbox"/> Text

BUSINESS/TRADE REFERENCES		Statement Delivery Method	Print	Email
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		

AGREEMENT

- All invoices are to be paid per TABC law. Liquor purchased on the 1<sup>st</sup>-15<sup>th</sup> are due on 25<sup>th</sup> of same month; 16<sup>th</sup>-EOM are due on 10<sup>th</sup> of following month. Beer due upon delivery. Failure to pay by invoice due date will result in Sigel's Beverages reporting your account as delinquent to TABC.
- Returned checks must be repaid via Cash or Cashier's Check per TABC law. Returned check fee will be added for each check returned. 3 returned check within six months of commencement will result in loss of Charge terms for 6 months.
- By signature below, you hereby authorize Sigel's Beverages to make inquiries into the business/trade references provided above and to obtain a credit report on the business/ business owner / guarantor to confirm and research financial responsibility.

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

OFFICE USE ONLY			
Customer Number		TABC Verified	Y / N
S/U Completed By		Resale Certificate	Y / N
Date		Sales Rep	VR approved Y/N

# Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)
Address (Street & number, P.O. Box or Route number)	
City, State, ZIP code	
Texas Sales and Use Tax Permit Number (must contain 11 digits)	
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico	
<input type="text"/>	(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: Sigels Beverages

Street address: 2960 Anode Lane

City, State, ZIP code: Dallas Texas 75220

Description of items to be purchased on the attached order or invoice:

Liquor, Wine, Beer & Bar Supplies

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

<b>sign here</b>	Purchaser	Title	Date
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**This certificate should be furnished to the supplier.  
Do not send the completed certificate to the Comptroller of Public Accounts.**