

# GOWAN'S HEIRLOOM CIDER    NEW ACCOUNT SETUP & CREDIT APP

**ACCOUNT SETUP** .....

Legal Name \_\_\_\_\_ Tax ID \_\_\_\_\_

dba \_\_\_\_\_ Reseller No. \_\_\_\_\_

ABC License No.: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type    ON    OFF    TAKE OUT

SoleProprietor:    Partnership:    Corporation    LLC    Other Business Type: \_\_\_\_\_

Principal Owner 1: \_\_\_\_\_ Principal Owner 2: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Company Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Buyer Name \_\_\_\_\_ Email \_\_\_\_\_ Ô^||K \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Delivery Times    Mon                  Tues                  Wed                  Thu                  Fri                  Sat

Delivery Instructions \_\_\_\_\_ Key/Combination: \_\_\_\_\_

If payment will be left for the driver, please state where: \_\_\_\_\_

**CREDIT APPLICATION**.....

*Trade Reference 1*

*Trade Reference 2*

*Trade Reference 3*

Company \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

A/P Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Email: \_\_\_\_\_ Statement by USPS                  Email: \_\_\_\_\_

In the event Gowan's extends credit, from time to time to the business named in this application for credit, or extends credit to any successor of that business, and in the event any indebtedness arises from the extension of said credit, and it is not paid within 20 days after delivery of any goods sold on credit, whichever is shorter, I PERSONALLY GUARANTEE THAT I WILL FORWARD THE FULL AMOUNT OF ANY UNPAID BALANCE IMMEDIATELY TO GOWANS. Any revocations shall be effective only as to credit extended or transactions entered into after the receipt of notice by Gowan's Heirloom Ciders or it's successors. State law mandates that WHOLESALERS MUST RECEIVE PAYMENT IN FULL WITHIN 30 DAYS FROM THE DATE OF DELIVERY. ANY INVOICE IS NOT PAID IN FULL BY THE 35TH DAY AFTER DELIVERY WILL BE CHARGED A FINANCE CHARGE OF 1% SIMPLE INTEREST WHICH WILL BE APPLIED TO THE UNPAID BALANCE EVER EACH 30 DAYS THEREAFTER. Please complete ENTIRE APPLICATION and DATE AND SIGN. An incomplete application will DELAY CREDIT APPROVAL. Orders shipped by common carrier, are considered received upon signature.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signer Name \_\_\_\_\_ Position: \_\_\_\_\_

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