

# Mosaic Wine Alliance

## New Account Information

Account Name \_\_\_\_\_

Retail \_\_ Restaurants \_\_ Years in Business \_\_\_\_\_

Owner \_\_\_\_\_

Buyer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

ABC # \_\_\_\_\_

Delivery Hours \_\_\_\_\_

Bank / Acct # \_\_\_\_\_

Independent Winery/Broker Credit References \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND INTIAL. FAX BACK TO 760-778-6326**

ALL INVOICES ARE NET 30 DAYS \_\_\_\_\_

ANY ACCOUNT THAT GOES OVER 60 DAYS WILL BE COD \_\_\_\_\_