



Cream Wine Company
 2455 S. Damen Ave., Suite #900, Chicago, IL 60608
 312.421.1900 (o) 312.421.1977 (f) service@creamwine.com

New Customer Profile

Today's Date: _____

Instructions:

1. Remember when faxing or emailing in the completed profile, please include a copy of current State of Illinois (not the city) liquor license.
2. We reserve the right to make all deliveries C.O.D.
3. **Please be sure to fill out the delivery instructions section. This will help us accurately deliver to you.**
4. If you have your own "credit application," please feel free to include it when you send this profile back to us.
 2 case or \$200.00 delivery minimum for regular zones. 5 case or \$500.00 for remote zones.

Cream Wine Company now uses Fintech as a form of payment. If you are interested, please call Toll Free 1-800-572-0854 to have your account set up.

Applying For:	_____ Fintech	_____ EFT
	_____ C.O.D.	_____ Company Terms
Preferred Terms:	_____ 0 days	_____ 14 days
	_____ 7 days	_____ 30 days

- 1) Federal ID Number/FEIN: _____
- 2) Full Legal Name: _____ 2A) DBA Name: _____
- 3) Billing Address: _____
 City: _____ State & Zip: _____
- 4) Phone: _____ Fax Number: _____
- 5) Shipping Address: (if different from billing) _____
 City: _____ State & Zip: _____
- 6) Name(s) of Principals, Partners, Officers (including titles): _____

- 7) Name of Primary Contact at Location: _____ Phone: _____
 Primary Contact Email: _____ Fax: _____
 Job Title: _____
- 8) Name of Beverage Buyer _____ Phone: _____
 Beverage Buyer Email: _____ Fax: _____
- 9) Name of Accounts Payable Contact: _____ Phone: _____
 Accounts Payable Email: _____ Fax: _____
- 10) Name of Principal Bank: _____ Phone: _____
- 11) **Preferred Delivery Instructions (delivery window must be 3 hours or more)**
 Earliest delivery time: _____ Latest delivery time: _____
 Does your loading dock close for lunch? _____ Time Closed: _____ Time Reopened: _____
 Other Instructions: (ex: back door/alley/downstairs): _____

This section must be completed unless you send a copy of your liquor license with this completed form.

Liquor License Information:	
License #: _____	IBT #: _____
Expiration: _____	County: _____

Cream Sales Representative:

Name: _____

Cell Phone: _____

Email: _____