



# HONIG VINEYARD and WINERY

NEW ACCOUNT BILLING & CREDIT INFORMATION

Name of Business: \_\_\_\_\_

Owner (Person(s) or Corp. Name): \_\_\_\_\_

Type of Business:    Restaurant                  Wine Bar                  Wine Shop                  Hotel

Seller's Permit No: \_\_\_\_\_ ABC No: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ **Email:** \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Buyer Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Credit Card # for Payments (If applicable)** \_\_\_\_\_ Exp Date \_\_\_\_\_

**Bill to Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Ship to Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Delivery Days & Hours (4hr min window):** \_\_\_\_\_

### TRADE REFERENCES

*Please list three wine related trade references below  
(please exclude Southern Wines & Spirits and Wine Warehouse)*

1. Name \_\_\_\_\_

Fax (    ) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Fax(    ) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

3. Name: \_\_\_\_\_

Fax (    ) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**Office use only**

Rep:	Initial Order:
Date:	
Codes:	Pricing:

**Honig Vineyard and Winery - P.O. Box 406 - Rutherford, CA 94573 Fax (707) 963-5639**