



New Customer Form - District of Columbia

Account Manager

Date Acquired

Customer Name

ABRA License #:

Expiration Date

Licensed to

Sales Tax/Use No.:

Federal Tax ID

Premise Type

License Type

Class of Trade

Chain

Store # (required for chains)

Requires PO #

Allows displays

Draft system

Yes

No

Shipping Address

Billing Address

Same as
Shipping

*** Company contact information may be included in reports given to consumers. Do not list personal contact information in Company Contact fields. ***

Company Phone

Company Fax

Company Email

Contact 1 Name

Contact 1 Title

Contact 1 Phone

Contact 1 Email

Contact 2 Name

Contact 2 Title

Contact 2 Phone

Contact 2 Email

All DC customers are COD unless change in terms is authorized by Hop & Wine Beverage, LLC. Please call 703-421-2337 ext 3 for more information. Changes to terms may take 5-7 business days to be processed.

Accounting Name

Accounting Title

Accounting Phone

Accounting Email

Receive statements by email?

Yes

No

Delivery

Check all days deliveries will be accepted.

Delivery Instructions

Hop & Wine Beverage will assign a regular delivery day based on availability.

**Please note: Standard delivery days are Tuesday - Saturday. Monday deliveries may occasionally be necessary for to special events, inclement weather, etc.

Tuesday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
Wednesday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
Thursday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
Friday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
Saturday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
**Monday	Receiving Open/Close:	Window 1 Open/Close	Window 2 Open/Close
Scansheet	Stock Shelves		

Account activation will take 24-48 hours after form has been submitted to Hop & Wine Beverage, LLC.

FOR INTERNAL USE ONLY

Customer ID: _____ Entered by: _____ Date entered: _____

Assigned del days T W R F S



HOP & WINE Beverage

1344 4th Street, NE
Washington, DC 20002
ABRA-086140, Wholesaler A
Telephone: 703.421.2337
Fax: 703.421.9463

BUSINESS CREDIT APPLICATION FOR ALL NEW ACCOUNTS IN THE DISTRICT OF COLUMBIA

CUSTOMER/BUSINESS INFORMATION

Name: _____

Full Address: _____

Telephone/Fax/Email: _____

Federal Tax ID: _____ DUNS No.: _____

ABRA License No: _____ Sales Tax/Use No.: _____

General Contact Person: _____

Accounts Payable/Financial Contact Person: _____

**** Include with this application a copy of your ABRA-issued license and a copy of your Sales and Use Tax Registration**

TRADE REFERENCES (AT LEAST ONE MUST BE AN ALCOHOLIC BEVERAGE SUPPLIER)

(1) Name: _____

Address: _____

Telephone/Fax/Email: _____

Contact Person: _____

Date Account Opened: _____

Credit Limit: _____ Current Balance: _____

(2) Name: _____

Address: _____

Telephone/Fax/Email: _____

Contact Person: _____

Date Account Opened: _____

Credit Limit: _____ Current Balance: _____

New customers in the District of Columbia are required to pay COD for the first 60 calendar days of your first order with Hop & Wine. After 60 days, customers in the District of Columbia can continue on COD; alternatively, a customer can shift to "DC Terms" by providing Hop & Wine with a "Request for Change of Payment Terms in DC" form (attached).

I hereby certify that I have read and understood the credit application in its entirety. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial and trade institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Printed Name
Authorized Representative

Signature of
Authorized Representative

Date



HOP & WINE
b e v e r a g e

1344 4th Street, NE
Washington, DC 20002
ABRA-086140
Wholesaler A
Phone: 703.421.2337
Fax: 703.421.9463

**REQUEST FOR CHANGE OF PAYMENT TERMS
FROM COD TO "DC TERMS"**

CUSTOMER/BUSINESS INFORMATION

Name: _____

Full Address: _____

Telephone/Fax/Email: _____

Federal Tax ID: _____ DUNS No.: _____

ABRA License No: _____ Sales Tax/Use No.: _____

General Contact Person: _____

Accounts Payable/Financial Contact Person: _____

- Standard DC term ("DC Term", "DC-Due on 15th") is due on the 15th of the next month; that is, all purchases invoiced in one calendar month are due on the 15th of the following month. Every month, HWB will provide DC customers with a statement listing all outstanding invoices, their associated due dates, payments received, and aging of outstanding balances.
- IT IS THE CUSTOMER'S RESPONSIBILITY TO ENSURE THAT FULL PAYMENT IS RECEIVED AT THE HOP & WINE OFFICE on the 15th of the next calendar month.
- Hop & Wine Beverage participates in the Beverage Alcohol Credit Control System (BACCS). If the standard "DC Term" is not honored by the customer, HWB reserves the right to immediately change the customer's payment terms to "COD"; returning the customer to "DC Terms" is at HWB's sole discretion.
- Unpaid balances on the 16th of each month are considered delinquent and immediately due and payable; payment terms will immediately change to "COD" and no further credit will be extended until the balance is paid in full; or up to three (3) months, solely at Hop & Wine's discretion. Furthermore, unpaid balances are subject to a monthly finance charge of 1.5 percent.
- Hop & Wine Beverage reserves the right to forward to collections, at customer's full expense, any unpaid balances over 60 days old (based on original invoice date). Customer is also responsible for up to 25% of attorney's fees incurred in the process of collecting a customer's debt.

I hereby certify that I have read and understood the "REQUEST FOR CHANGE OF PAYMENT TERMS" form in its entirety. I understand that by completing this form and turning it in to Hop & Wine Beverage, the above conditions will be applicable to my account.

Printed Name
Authorized Representative

Signature of
Authorized Representative

Date



License Number : ABRA-
License Class: Tavern C Capacity:



Voluntary Agreement

Endorsement(s):

Hours of Operation

	Operation	Sales	Entertainment
Sunday:	5 pm - 2 am	5 pm - 2 am	8 pm - 1 am
Monday:	5 pm - 2 am	5 pm - 2 am	8 pm - 1 am
Tuesday:	5 pm - 2 am	5 pm - 2 am	8 pm - 1 am
Wednesday:	5 pm - 2 am	5 pm - 2 am	8 pm - 1 am
Thursday:	5 pm - 2 am	5 pm - 2 am	8 pm - 1 am
Friday:	5 pm - 3 am	5 pm - 3 am	8 pm - 1 am
Saturday:	5 pm - 3 am	5 pm - 3 am	8 pm - 1 am

Sidewalk Cafe Hours of Operation

	Operation	Sales		Operation	Sales
Sunday:	-	-	Sunday:	5 pm - 11 pm	5 pm - 11 pm
Monday:	-	-	Monday:	5 pm - 11 pm	5 pm - 11 pm
Tuesday:	-	-	Tuesday:	5 pm - 11 pm	5 pm - 11 pm
Wednesday:	-	-	Wednesday:	5 pm - 11 pm	5 pm - 11 pm
Thursday:	-	-	Thursday:	5 pm - 11 pm	5 pm - 11 pm
Friday:	-	-	Friday:	5 pm - 12 am	5 pm - 12 am
Saturday:	-	-	Saturday:	5 pm - 12 am	5 pm - 12 am

Expiration Date:

You will be billed annually for any balance due.

Fred Morally
Director

THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES

VOID IF ALTERED

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE

NOTICE OF BUSINESS TAX REGISTRATION

Customer Service Administration

Date of Notice: December 13, 2010

Notice Number: [REDACTED]

[REDACTED]
WASHINGTON, DC 20001-1804

EIN: [REDACTED]

You have been registered for the tax(es) shown below. Your filing basis has been determined as shown. It is important that the Employer Identification Number referenced above be used on all correspondence and returns.

TAX TYPE	ACCOUNT ID	FILING FREQUENCY	TAX YEAR END
CORPORATE FRANCHISE TAX	-	ANNUAL	FY12
SALES AND USE TAX	[REDACTED]	MONTHLY	FY12
PERSONAL PROPERTY TAX	-	ANNUAL	FY06

Any tax returns currently due are enclosed with this notice. Tax returns that are due in the future will be mailed separately to you prior to the due date. If you have tax returns that are delinquent, you will be notified by the Office of Tax and Revenue.

If applicable you will also be registered for Unemployment Compensation Taxes and will be contacted by the Office of Unemployment Compensation regarding your filing requirements. Any questions concerning your liability for Unemployment Compensation may be answered by calling (202) 724-7457.

A Declaration of Estimated Franchise Tax (Form D-20 ES or D-30 ES) must be filed by every corporation and unincorporated business whose franchise tax may reasonably be expected to exceed \$1,000 for the taxable year.

Should you have any questions please call (202) 727-4TAX (4829) or send correspondence to:

Customer Service Administration
Business Tax Registration Section
P.O. Box 470
Washington, DC 20044

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND A MICROPRINT LINE



GOVERNMENT OF THE DISTRICT OF COLUMBIA

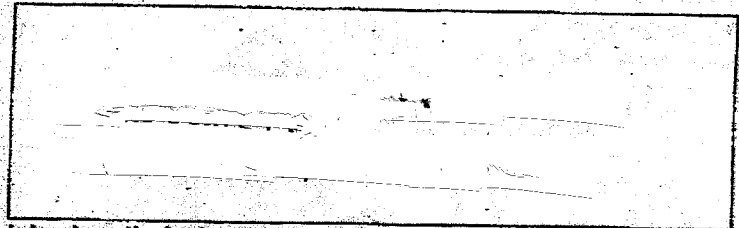
OFFICE OF TAX AND REVENUE

Sales & Use Tax

CERTIFICATE OF REGISTRATION

ISSUED PURSUANT TO DISTRICT OF COLUMBIA SALES AND USE TAX ACTS

THIS CERTIFIES THAT



PR-350 (REV. 02/86)

CERTIFICATE NUMBER

35000000

REFER TO THIS NUMBER
WHEN REPORTING SALES TAX

DATE ISSUED



THIS CERTIFICATE IS NONTRANSFERABLE

is hereby authorized and empowered to collect reimbursement for the
District of Columbia Sales and Use Taxes.

STEPHEN CORDI
Deputy Chief Financial Officer

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE

REMOVE DOCUMENT ALONG THIS PERFORATION

See Reverse Side For Easy Opening Instructions



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE
941 NORTH CAPITOL STREET NE
WASHINGTON DC 20002



fintech®

OneSource® for your Beverage Alcohol Business



***All information required for processing**

Company Name*		List other companies you own currently on Fintech		
Mailing Address*		Corp Phone*		
		Corp Fax		
		Accounting and/or Back Office System		
Store #		Federal Tax ID*		
Location Address* <input type="checkbox"/> same as mailing address		Referred By <u>Hop & Wine Beverage - 10642</u>		
Total Locations* _____		Industry* _____		
Contact Type	Name	Title	Email	Phone
Primary*				
Comments or Special Requests 60 Day FREE Trial, courtesy of Hop & Wine Beverage				
Bank Name*				
For invoice settlement: **Please attach a voided check on a separate page**				
Checking Account Number*				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ABA Transit/Routing Number* (always 9 digits)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debit Filter <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>The undersigned on behalf of Company hereby authorizes Financial-Information Technologies, LLC ("fintech.net") and its authorized bank agents to initiate debit/credit entries both for irrevocable payment for goods and services rendered by Company's authorized trading partners as designated (including the initiation of adjusting debits/credits for entries made in error or entries requiring reversals due to returned items) and of fintech.net monthly invoices. All entries shall be made to the account(s) of Company indicated above. Company agrees to fund the account(s) adequately and guarantees to fintech.net that sufficient funds will be available in the account(s) to cover such debits/credits. Company agrees to accept such debits/credits and not to block fintech.net's access to the accounts.</p> <p>This authorization is to remain in full force and effect until Company has provided written authorization for its termination at such time and in such manner so as to afford fintech.net and Company's bank a reasonable opportunity to act on it. Company and the undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purposes specified herein. Company agrees to indemnify and hold fintech.net harmless from any damage, loss or claim resulting from fintech.net's authorized actions hereunder. fintech.net reserves the right, subject to applicable laws, to use and distribute Company purchase data. Additional terms governing the services of fintech.net to Company, including the terms of the Independent Retailer Electronic Services Disclosure, are located at www.fintech.net/corp/solutions/independent-retailer-disclosure.</p>				
Primary Authorized Signature*			Secondary Authorized Signature (IF NEEDED)	
Printed Name	Date	Printed Name	Date	

**Return Form and Voided Check
to: Accounts Receivable**

Phone: 703-421-2337

Email: receivables@hopandwine.com

For Distributor Use Only:

Customer Number: _____
Date Received: _____

For Fintech Use Only:

Representative: Don Snider
Service Code: D60P

Hop & Wine Beverage has partnered with Fintech, the leader in data and electronic payment processing for the beverage alcohol industry, to offer you a **FREE 60 DAY** trial of Fintech's OneSource Solution.

Fintech Benefits

- **Unlimited alcohol invoice payments** for all of your alcohol purchases
- **Eliminates** the need for checks, cash, money orders or pre-paid accounts
- **Real time online access** to all of your invoices and purchase reports
- **Compliance** - invoices are paid on time and in accordance to state liquor laws
- **Visibility** into your alcohol purchasing habits with custom reporting
- **Seamlessly integrates** into your back office or accounting system