



**POLANER**  
SELECTIONS  
OPEN YOUR MIND & TASTE

## Polaner Selections' New Jersey Account Application

Sales Rep: 

### BILLING ADDRESS

Corporate Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

A/P Telephone: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

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

Principal Name &amp; title: \_\_\_\_\_ Wine Buyer: \_\_\_\_\_

Wine Buyer Phone: \_\_\_\_\_ Wine Buyer Email: \_\_\_\_\_

### PREMISE ADDRESS

☐ Same as Billing Address

Premise Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Premise Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

### DELIVERY ADDRESS

Delivery Address : \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

### LICENSE INFORMATION

License Serial No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Retail or Restaurant: \_\_\_\_\_

Co-op Buying Group #: \_\_\_\_\_



**POLANER**  
SELECTIONS  
OPEN YOUR MIND & TASTE

**Polaner Selections'  
New Jersey Account Application**

Dear Prospective Customer,

Thank you for your interest in Polaner Selections. We look forward to serving you and your company.

Attached is a copy of our account application. Please fill out the interactive form and submit by email or print the form and fax to our office at 914-244-0505. If you have any questions, please call our credit department.

We have also included a copy of the NJ Resale Certificate, provided by the New Jersey Division of Taxation. We cannot finalize your application until we receive this signed document, and we are required to keep a copy on file.

Please return the completed account application and the resale certificate to our credit department at the address below:

Email: [credit@polanerselections.com](mailto:credit@polanerselections.com)

Fax: (914) 244-0505

Mail: Polaner Selections, 19 North Moger Ave., Mount Kisco, NY 10549

Thank you again for your interest in Polaner Selections!