



BUYER CONTACT INFORMATION

COMPANY NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____

PURCHASER: _____

TITLE _____

EMAIL _____

PHONE: _____

PREFERRED DAY FOR MEETINGS: _____

PREFERRED METHOD OF CONTACT _____

SECOND DECISION MAKER IF APPLICABLE

PURCHASER: _____

TITLE _____

EMAIL: _____

PHONE: _____

PREFERRED DAY FOR MEETINGS: _____

PREFERRED METHOD OF CONTACT _____

DELIVERY NOTES



NEVADA TAX EXEMPT RESALE CERTIFICATE

COMPANY NAME: _____

I HEREBY CERTIFY THAT I HOLD VALID SELLER'S PERMIT NUMBER _____ ISSUED PURSUANT TO CHAPTER 360 OF THE NEVADA REVISED STATUTES; THAT I AM ENGAGED IN THE BUSINESS OF SELLING _____; AND THAT THE TANGIBLE PERSONAL PROPERTY DESCRIBED IN THE SECOND PARAGRAPH OF THIS CERTIFICATE, WHICH I PURCHASE FROM:

ATLANTIS BEVCO LLC,
WILL BE RESOLD BY ME IN THE FORM OF TANGIBLE PERSONAL PROPERTY. I FURTHER CERTIFY THAT IN THE EVENT ANY OF THE PROPERTY IS USED FOR ANY PURPOSE OTHER THAN RETENTION, DEMONSTRATION OR DISPLAY WHILE I AM HOLDING IT FOR SALE IN THE REGULAR COURSE OF BUSINESS, IT IS UNDERSTOOD THAT I AM REQUIRED BY CHAPTERS 372, 374 AND 377 OF THE NEVADA REVISED STATUTES TO REPORT IT AND PAY THE TAX MEASURED BY THE PURCHASE PRICE OF THE PROPERTY.

DESCRIPTION OF THE PROPERTY TO BE PURCHASED
WINES, SPIRITS AND READY TO DRINK COCKTAILS

PURCHASER: _____

TITLE _____

ADDRESS: _____

BUSINESS PHONE: _____

SIGNATURE: _____ DATE _____



ATLANTIS BEVCO LLC

3111 South Valley View Blvd. Suite F-103
Las Vegas, NV 89102
Fax: (702)-889-6677
Phone: (702)-889-1177

CREDIT APPLICATION

THIS APPLICATION MUST BE COMPLETED BY THE PARTY RESPONSIBLE FOR PAYMENT

Business Name: _____ Established: _____

DBA if Applicable: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Business Fax: _____

Accounts Payable Contact Name _____ **Fintech Account? Y or N**

Non-Fintech, how do you prefer to receive communication: Monthly Summary, Summary with Invoices

AP Phone: _____ AP Email: _____

Federal EIN: _____ Sales/Use Tax ID# _____

Bank Name: _____ Branch: _____ Phone: _____

Trade References

Business Name: _____

Business Address _____

Contact Name _____ Contact Number# _____

Conditions of Sale and Terms of Payment / Signature

*Applicant represents that applicant has read, understands and consents to the provisions of the Credit Agreement set forth on the following pages of this Credit agreement. Applicant authorizes investigation and disclosure of information of credit application including checking credit history with credit bureaus and others. All payments will be expected in accordance with NRS 369.485, otherwise COD will be expected. I understand that delinquent payments may jeopardize my credit privileges. **Both pages of this credit application MUST be signed in order to approve credit.***

Authorized Client Printed and title: _____

Authorized Client Signature: _____ Date: _____