



4340 Washington Ave.
New Orleans, LA 70125

(504)822-3385
www.cwlcnoia.com

Check Writing Application

(*Required)

Business/Bank Information*

Account Name (Name of Restaurant, Bar, Etc.)*

Billing Address (Street Address, City, State, and Zip Code)*

Business Phone Number*

Business Email Address*

Bank Name*

Bank Account Number*

Primary Contact Information*

Full Name*

Job Title*

Cell Number*

Email Address*

Documents Attached*

Must attach a copy of a **Voided Check***

Notice*

I understand by signing this I am giving permission to my bank to release information about my account to City Wholesale Liquor Co.

Signature*

Print Name*

Signature*

Date*