



BREAKTHRU BEVERAGE COLORADO
 14200 E. Moncrieff Place • Aurora, CO 80011 • 303.371.3421
 www.BreakthruBev.com
 Fax: 303.375.9151

CREDIT APPLICATION

Date _____
 Corporation Name _____ d.b.a. _____
 Address _____ P.O. Box _____ City _____ Zip _____
 Business Phone # _____ Business Fax # _____ Email Address _____
 Corporation Limited Liability Co. Limited Partnership Partnership Individual Bus.

CREDIT INFORMATION REQUIRED – ALL INFORMATION CONFIDENTIAL

Bank Information

Bank Name _____ Address _____ City _____ Zip _____
 Bank Phone # _____ Contact Name _____ Acct # _____

Licensee (s) Information

Name _____ Home Address _____
 City _____ State _____ Zip _____ Home Phone # _____
 Social Security # _____ Driver's License # _____ State _____
 Federal Tax ID # _____ State Tax ID # _____

Name _____ Home Address _____
 City _____ State _____ Zip _____ Home Phone # _____
 Social Security # _____ Driver's License # _____ State _____
 Federal Tax ID # _____ State Tax ID # _____

Insurance Information

Insurance Coverage on Business: Fire \$ _____ Theft \$ _____ Liability \$ _____
 Name of Insurance Company: _____ Contact/Broker _____
 Phone # _____

Employment - Licensee, other officers or partners currently employed outside the above named business?
 Please list name (licensee/officer/partner) and address of employment.

Commercial Credit References - Please list name, address, and telephone numbers. If this is a new business, please list references for prior business operations, if any.

	Name	Service Provided	Phone #	Fax #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Other Business Ownership- Please list the name (licensee/officer/partner), position held and the name and location of the business.

Note - The attached Guaranty and Client Release Authorization Form must be completed. Any missing information will delay the credit review process. The above information is given for the purpose of inducing us to extend credit to the undersigned, is represented and warranted as complete and accurate and it is understood that verification may be made of said information. The undersigned further agrees that payment for merchandise purchased on credit will be made in full, within 30 days of delivery.

 (Date)

 (Print Licensee Name)

BY _____
 (Signature of Licensee)



Fax: 303.375.9151

Client Release Authorization Form

For use of Consumer Credit Reports

Last Name _____ First Name _____ MI _____

Home Address _____ City _____ State _____ Zip _____

S.S. # _____ Date of Birth _____

Joint Spouse Report:

Last Name _____ First Name _____ MI _____

Home Address _____ City _____ State _____ Zip _____

S.S. # _____ Date of Birth _____

The Undersigned hereby consent(s) to Breakthru Beverage use of a non-business consumer credit report on the undersigned in order to further evaluate the creditworthiness of the undersigned as principal(s), proprietor(s), and or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Breakthru Beverage to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Signature

Signature

Date



Fax: 303.375.9151

Guaranty

Sir or Madam:

In consideration for and as inducement to you to extend credit and to sell merchandise to

(Corporate Name) (Doing Business As)

(Address) (City) (State) (Zip)

hereinafter called the "Customer", undersigned hereby unconditionally guarantees to pay you when due any indebtedness of the customer heretofore or hereafter incurred for merchandise sold by you to the customer, plus all costs and expenses, including reasonable attorney's fees, incurred in the collection of such indebtedness or enforcement of the guaranty.

This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in form or amount of indebtedness or renewals or extensions of time granted by you without obtaining consent thereto, or by complete or partial release or settlement by you with the customer, or any other person, and until expressly revoked by written notice received by you at your address sent by registered mail. Such revocation when received shall apply only to and affect indebtedness thereafter incurred.

Notice of every kind or nature, including but not limited to notice of acceptance of this guaranty, indebtedness and default in payments are hereby waived. This guaranty may be enforced by you against the undersigned without first proceeding against the customer, or any other person or guarantor. It is fully understood that there are no conditions or limitations to this guaranty except those stated herein.

Yours very truly,

1. _____
Print Guarantor's Only

Guarantor's Signature Only

Residence Address _____

Residence Phone Number _____

2. _____
Print Guarantor's Only

Guarantor's Signature Only

Residence Address _____

Residence Phone Number _____