



Credit Application with Authorization for Release of Credit Information and Personal Guaranty

COMPANY INFORMATION

| | | | | |
|---|---------------------|--------------------------------|-----------------------------|----------------------------------|
| <u>Full Legal Name/Business Entity and Any Other Name Doing Business As</u> | | <u>Phone Number</u> | <u>Breakthru Customer #</u> | |
| <u>Physical Location of Business</u> | | | <u>City</u> | <u>State</u> |
| <u>Accounts Payable Contact Name</u> | <u>Phone Number</u> | <u>Statement Email Address</u> | | <u>Company Type (select one)</u> |

List Names of your Corporate Officers/Ownership:

| | | | | |
|---|--------------|-----------------------------|-----------------------|-------------------|
| <u>Name (Last, First, Middle Initial)</u> | | <u>Current Home Address</u> | | |
| <u>Social Security #</u> | <u>Email</u> | <u>% Owned</u> | <u>Title/Position</u> | <u>Cell Phone</u> |
| <u>Name (Last, First, Middle Initial)</u> | | <u>Current Home Address</u> | | |
| <u>Social Security #</u> | <u>Email</u> | <u>% Owned</u> | <u>Title/Position</u> | <u>Cell Phone</u> |
| <u>Name (Last, First, Middle Initial)</u> | | <u>Current Home Address</u> | | |
| <u>Social Security #</u> | <u>Email</u> | <u>% Owned</u> | <u>Title/Position</u> | <u>Cell Phone</u> |

MISSOURI LIQUOR LICENSE INFORMATION

| | | | | | |
|--|--------------------------------|---|-----------------------|------------|--------------------------------------|
| <u>State License Number</u> | <u>License Expiration Date</u> | <u>Licensee Name (As It Appears on State License)</u> | <u>Resident Agent</u> | | |
| <u>Address</u> | | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Type of Business (select one)</u> |
| <u>Other locations doing business with Breakthru Beverage: Please provide Business Name, Address, and Breakthru Customer # on line below</u> | | | | | |

BUSINESS CREDIT INFORMATION

| | | | | | |
|---|---|----------------------------------|---|--|--|
| <u>Federal Tax I.D. (if incorporated)</u> | <u>Principal Business of Firm</u> | <u>Year Business Established</u> | <u>At Present Location Since</u> | | |
| <u>Is Business Incorporated?</u> | <u>If so, under laws of what state?</u> | <u>Credit Line Requested</u> | <u>Incorporated For</u> | | |
| <u>Has Applicant or any Guarantor ever been involved in bankruptcy proceedings?</u> | | | <u>If yes, please provide details on separate page.</u> | | |

BANK REFERENCES

| | | | | | |
|------------------|------------------|---------------------|------------------------------|------------|---------------------|
| <u>Bank Name</u> | <u>Account #</u> | <u>Contact Name</u> | <u>Contact Email Address</u> | | |
| <u>Address</u> | | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Phone Number</u> |
| <u>Bank Name</u> | <u>Account #</u> | <u>Contact Name</u> | <u>Contact Email Address</u> | | |
| <u>Address</u> | | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Phone Number</u> |

CREDIT REFERENCES

| | | | | | |
|---------------------|------------------------------|----------------------------|---------------------|------------------------|---------------------|
| <u>Company Name</u> | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Phone Number</u> |
| | | | | | |
| <u>Contact Name</u> | <u>Contact Email Address</u> | <u>Date Account Opened</u> | <u>Credit Limit</u> | <u>Current Balance</u> | |
| | | | | | |
| <u>Company Name</u> | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Phone Number</u> |
| | | | | | |
| <u>Contact Name</u> | <u>Contact Email Address</u> | <u>Date Account Opened</u> | <u>Credit Limit</u> | <u>Current Balance</u> | |
| | | | | | |
| <u>Company Name</u> | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <u>Phone Number</u> |
| | | | | | |
| <u>Contact Name</u> | <u>Contact Email Address</u> | <u>Date Account Opened</u> | <u>Credit Limit</u> | <u>Current Balance</u> | |
| | | | | | |

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

Signature of Licensee



Guaranty Agreement

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

| | |
|------------------------|----------------------------|
| _____ Corporation Name | _____ D.B.A. Name |
| _____ Address | _____ City/State _____ Zip |

hereinafter called the "Customer", the 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.

| | | | |
|---------------------------------|---------------|---------------------------------|---------------|
| _____ Signature of Guarantor | _____ Date | _____ Signature of Guarantor | _____ Date |
| Printed Name: _____ | | Printed Name: _____ | |
| Address: _____ | | Address: _____ | |
| _____ Please Print | | _____ Please Print | |

(Guarantors Name(s) Must Be Present On State of Missouri Liquor License Application.)

The parties agree that the electronic signature of a party to this agreement, whether digital or encrypted, or transmitted by facsimile or by electronic mail, shall be valid as an original signature of such party and shall be effective to bind such party to this agreement

CREDIT DEPARTMENT USE ONLY

Customer # _____ Date Received: _____

Credit: Denied Approved

Credit Approved For: _____ Terms \$ _____ Credit Limit

Comments: _____

Approved By: _____ Date: _____