

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

COMPANY INFORMATION

Full Legal Name/Business Entity and Any Other Name Doing Business As		Phone Num	ber	Breakthru Customer #					
Physical Location of Busi	ness			•		City		State	<u>Zip</u>
Accounts Payable Contac	ct Name	Phone Number	Statement E	mail Address Con			Company Ty	ompany Type (select one)	
		List Nar	nes of your Corp	orate Office	rs/Ownership):			
Name (Last, First, Middle	<u>e Initial)</u>			Current Hor	<u>ne Address</u>				
Social Security #	<u>Email</u>			<u>% Owned</u>	Title/Position	<u>1</u>		Cell Phone	
Name (Last, First, Middle	e Initial)			Current Hor	ne Address			•	
Social Security #	Email			% Owned	Title/Position	<u>1</u>		Cell Phone	
Name (Last, First, Middle Initial)			Current Home Address						
Social Security #	Email			% Owned	Title/Position	<u>1</u>		Cell Phone	

MISSOURI LIQUOR LICENSE INFORMATION

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

BUSINESS CREDIT INFORMATION

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

BANK REFERENCES

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

CREDIT REFERENCES

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

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 g of the Customer heretofore or hereafter incurred for merchandise sold by you including reasonable attorney's fees, incurred in the collection of such indeb	to the Customer, plus all costs and ex	rpenses,	
This shall be an open and continuing guaranty and shall continue in force no indebtedness or renewals or extensions of time granted by you without obtain			

This shall 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:	
P	lease Print	Ple	ease 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						