

# BREAKTHRU

## BEVERAGE

### MARYLAND

Dear Customer:

Attached are the forms necessary to establish credit with Breakthru Beverage Group. **Also include a copy of your current Liquor License and Driver's License.**

#### Blanket Certificate of Resale

Maryland Retail and Use Tax require us to collect sales tax on sales of alcoholic beverages unless a blanket certificate of resale is provided.

#### Credit Application

This form should be completed in its entirety. The information provided is relied on to be a true and accurate statement of the financial condition of your business.

If this is a new business, we ask that you project the financial statement as of the time of the opening.

#### Guarantee of Credit

**The personal guarantee is to be signed by the principles of the business and their spouses and must be notarized.** Please **do not** include corporate titles or corporate seal. Please fax the completed documents to 410-439-5209 or email to **BBG-MD-CREDIT@Breakthrubev.com** Mail the originals to the attention of the Credit Department at **1413 Tangier Drive, Middle River, MD 21220**. Originals must be forwarded for consideration of credit terms.

If you should have any questions or concerns, please do not hesitate to contact me directly.

Breakthru Beverage Group appreciates the opportunity to be of service to you and looks forward to many years of good business.

Sincerely,

Breakthru Beverage Group

# Business Credit Application

## Company Information

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Trading "As": \_\_\_\_\_ In Business Since: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Form Under Which Business Operates:

Corporation € Partnership € Limited Liability Corp. € Proprietorship €

Tax ID (EIN#) \_\_\_\_ - \_\_\_\_\_

If Division/Subsidiary, Name of Parent Company: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Please list all other businesses and locations: \_\_\_\_\_ Is the business premises? Owned or Leased

Landlord's Name/Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Principle Partners

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

## Registered Agent

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

## Bank References

Institution Name:

Institution Name:

Institution Name:

Checking Account #:

Savings Account #:

#	\$
Home equity Loan #	Loan Balance

Address:

Address:

Address:

Phone:

Phone:

Phone:

Fax:

Fax:

Fax:

### Trade References

Company Name: _____	Company Name: _____	Company Name: _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Address: _____	Address: _____	Address: _____
City-State-Zip _____	City-State-Zip _____	City-State-Zip _____
Phone/Fax: _____	Phone/Fax: _____	Phone/Fax: _____
Date Account Opened: _____ \$ _____	Date Account Opened: _____ \$ _____	Date Account Opened: _____ \$ _____
Credit Limit _____ \$ _____	Credit Limit _____ \$ _____	Credit Limit _____ \$ _____
Current Balance _____	Current Balance _____	Current Balance _____

### Financial Information

The undersigned submits this application and financial statement for the purpose of securing credit from Breakthru Beverage Group, and all divisions and subsidiaries thereof, its successors and assigns, hereinafter called, "The Company". Unless the Company is so notified, they may continue to rely upon the statements herein given as a true and accurate statement of the financial condition of the undersigned.  
**CONDITION OF SALE:** Invoices not paid within one (1) week after due date established by The Alcohol and Tobacco Tax Division are subject to finance and/or collection fees. Returned checks are subject to a service charge of \$50.00 each.

ASSETS	LIABILITIES
Cash on Hand _____	Accounts Payable to Local Wholesalers _____
Cash in Bank _____	Accounts Payable to Others _____
Inventory _____	Notes Payable to Banks _____
Fixtures & Equipment _____	Mortgage Payable *Business _____
Trucks & Automobiles _____	Mortgage Payable *Real Estate _____
Real Estate _____	Other Liabilities _____
Stocks & Bonds _____	
Other Assets _____	
<b>Total Assets</b> _____	<b>Total Liabilities</b> _____

### Insurance Information

Name of Insurance Company \_\_\_\_\_ Name of Agent \_\_\_\_\_  
 Amount of Life Insurance \_\_\_\_\_ Beneficiary \_\_\_\_\_  
 Fire Insurance on Inventory \_\_\_\_\_ Fire Insurance on Fixtures/Equipment \_\_\_\_\_  
 Burglary Insurance \_\_\_\_\_ Riot Insurance \_\_\_\_\_  
 Business Interruption Insurance \_\_\_\_\_ Liability Insurance \_\_\_\_\_

Do you or have you ever owned or managed either of the following?    **Store**    **Hotel**    **Restaurant**  
 If yes, please supply Name, Address, and Phone Number of the Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I/We hereby certify that the information contained herein is true and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I/We hereby authorize Breakthru Beverage Group to obtain my/our personal credit information as part of their credit investigation and also authorize the financial institutions listed in this credit application to release necessary information to Breakthru Beverage Group, for which credit is being applied for in order to verify the information contained herein.**

_____	_____	_____
<b>Date</b>	<b>Signature</b>	<b>Title</b>
_____	_____	_____
	<b>Print Name</b>	
_____	_____	_____
<b>Date</b>	<b>Signature</b>	<b>Title</b>
_____	_____	_____
	<b>Print Name</b>	

# Guarantee of Credit

This Guarantee is given by the undersigned to Reliable Churchill, LLLP doing business as Breakthru Beverage Maryland, and all divisions and subsidiaries thereof, its successors and assigns, hereinafter called "The Company", in order to induce it to extend credit to, or otherwise become the creditor of the licensees for the use of:

\_\_\_\_\_  
**LICENSEE NAME (corporation or L.L.C. name)**

\_\_\_\_\_  
**Trade Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

I/we, the undersigned, jointly, severally, and individually, hereby unconditionally guarantee to The Company the prompt payment, in accordance with the terms of sale, of every claim of The Company which has arisen or may hereinafter arise against The Customer.

This is a continuing guarantee and shall remain in full force and effect until revocation by me/us upon notice in writing to The Company, but such revocation shall be effective only as to claims of The Company which arise after its receipt of such notice.

*Such notice must be sent to The Company at 1413 Tangier Drive, Middle River, Maryland 21220  
By certified mail, return receipt requested and will not be effective if given verbally or in writing  
to a sales representative of The Company.*

This obligation shall cover the renewal of any claims guaranteed by this instrument, or extension of time of payment thereof and shall not be affected by the surrender or release by The Company and any other security held by it for any claim hereby guaranteed.

The undersigned, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by The Company from time to time as may be needed, in the credit evaluation process.

I/we hereby waive notice of non-payment, purchase and maturity of bills, and in the event of the enforced payment hereof, the undersigned specifically waives the benefit of any right of exemption from execution on a judgment.

In witness whereof the undersigned (have, has) signed and sealed this guarantee this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

Signed: \_\_\_\_\_ (SEAL) \_\_\_\_\_  
**Guarantor signature** **Print Name**

\_\_\_\_\_  
**Home Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Home Phone** **Social Security Number**

Signed: \_\_\_\_\_ (SEAL) \_\_\_\_\_  
**Spouse of Guarantor signature** **Print Name**

\_\_\_\_\_  
**Home Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Home Phone** **Social Security Number**

STATE OF MARYLAND, CITY/COUNTY OF \_\_\_\_\_

On the day, month, year stated above, before me the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who was/were known to me or satisfactory proved to me, by photo identification, to be the individual(s) who signed this Guarantee and who made oath in due form of law that he/she/they acknowledged a full understanding of the above contents and that his/her/their signature(s) is/are made voluntarily.

**NOTARY PUBLIC** \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_

(SEAL)