



NEW ACCOUNT APPLICATION
Burke Distributing Corporation
 Account Number: _____

Completed form may be emailed to newcustomer@burkedist.com or faxed to (781) 961-6116. If applicable, also **include a copy of your Liquor License**. For more information about Burke Distributing, please visit our website at www.burkedist.com.

ACCOUNT INFORMATION				BILLING ADDRESS (IF DIFFERENT FROM ACCOUNT INFORMATION)			
Date:		D/B/A:		Name of Business:			
License Name:				Street Address:			
City:		State:		Zip:			
Telephone:		Email:		Telephone:		Email:	
Mailing Address:				PRINCIPAL OWNER OR OFFICER INFORMATION			
City:		State:		Zip:		Name:	
Opening Date:				Title:			
Type of License (circle one): ALL ALCOHOL WINE & MALT CORDIAL				Phone:			
Chain or Independent:				Street Address:			
If Chain, store number:				City:		State:	
Zip:				Zip:			
Is Draft Available?				DELIVERY INFORMATION			
Does ownership own a license and/or another business elsewhere?				Special Instructions:			
If yes, specify:				Opening Time:			
If new license, has any other license operated at this location previously?				Del Window Start Time:		Del Window End Time:	
If yes, specify:				Delivery Window (4 Hours):			
CREDIT INFORMATION (REFERENCES)							
Name:		Title:		Phone:			
Street Address:		City:		State:		Zip:	
Name:		Title:		Phone:			
Street Address:		City:		State:		Zip:	
Name:		Title:		Phone:			
Street Address:		City:		State:		Zip:	
GUARANTEE							
<p>The undersigned individually hereby unconditionally and absolutely guarantees the due payment and performance of any and all liabilities or obligations of _____ ("the company") to Burke Distributing Corporation (Burke), now existing or hereafter arising. The undersigned waives all requirements of notice, demand and presentment or any right which the undersigned might have to require Burke first to proceed against the company or any other person. The undersigned individually further agrees to pay any reasonable expenses of Burke in connection with the collection of any amounts due from the company or the undersigned, including reasonable attorneys' fees. This guarantee shall operate as a continuing guarantee and shall remain in full force and effect until notice of revocation, which notice shall not affect any obligations of the undersigned existing at the time such notice is received.</p>							
Signature:				Tax Identification Number:			

TERMS: A \$25.00 service charge will be applied for each check returned by a bank for insufficient funds. Although our invoices state a 30-day credit policy, we reserve the right to extend credit further or reduce credit days depending on the customer's credit worthiness. All customers that are listed on the ABCC List are required to pay by money order or certified check for their deliveries. All invoices outstanding 60 days after delivery are subject to a service charge of 1 ½% per month (a true annual interest rate of 18%).