

APPLICATION FOR CREDITBurke Distributing Corporation

Completed form may be emailed to

<u>newcustomer@burkedist.com</u>. If applicable, also <u>include a copy of your Liquor License</u>.

For more information about Burke Distributing, please visit our website at $\underline{www.burkedist.com}$.

| CUSTOMER INFORMATION | | | | BILLING ADDRESS (IF DIFFERENT FROM ACCOUNT INFORMATION) | | | | |
|---|-----------------|---------|-------------------|---|--------|--------|----------------------|------|
| Date: D/B/A: | | | Name of Business: | | | | | |
| License Name: | | | | Street Address: | | | | |
| Primary Account Contact/Title: | | | | | | State: | | Zip: |
| Acct Telephone: Email: | | | | Telephone: | | | Email: | |
| Account Address: | | | | PRINCIPAL OWNER OR OFFICER INFORMATION | | | | |
| City: State: | | Zip: | | Name: Title: | | | | |
| Opening Date: | | | | Phone: | | | | |
| Type of License (circle one): ALL ALCOHOL WINE & MALT CORDIAL | | | | Street Address: | | | | |
| Chain or Independent: | If Chain, store | number: | | City: | | State: | Zip | : |
| Is Draft Available? (please circle one) YES NO | | | | DELIVERY INFORMATION | | | | |
| Does ownership own a license and/or another business elsewhere? | | | | Special Instructions: | | | | |
| If yes, specify: | | | | Opening Time: | | | | |
| Is your license a new license or a transfer? (Please circle one below) | | | | Del Window Start Time: | | | Del Window End Time: | |
| NEW LICENSE TRANSFER | | | | Delivery Window (4 Hours): | | | | |
| CREDIT INFORMATION (REFERENCES) | | | | | | | | |
| Name: Title: | | | Phone: | | | | | |
| Street Address: | | | City: | | 9 | State: | | Zip: |
| Name: Title: | | | | Phone: | | | | |
| Street Address: Ci | | | City: | | State: | | Zip: | |
| Name: Title: | | | | | Phone: | | | |
| Street Address: | | | City: | | 9 | State: | | Zip: |
| GUARANTEE | | | | | | | | |
| 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. Signature: Tax Identification Number: | | | | | | | | |
| Jignature. | | | | Tax identification (valide). | | | | |

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%).