

PREMIUM BEVERAGE COMPANY

1311 DAYTON ST., SUITE D
SALINAS, CA 93901
(831) 753-7600 office
(831) 753-7800 fax

CREDIT APPLICATION AND BILLING INFORMATION

Please complete the following in full showing name(s) as they appear on your Alcoholic Beverage License and/or Resale License.

DBA: _____
DBA Address: _____
City, State, Zip: _____
Phone # _____ Fax # _____
Year established _____ Requested delivery time _____
Special instructions _____

Primary Owner: _____
Address _____
City, State, Zip: _____
Phone # _____ Cell # _____
Federal Tax ID #: _____

Name of A/P contact person: _____
Title _____
Phone # _____ Fax # _____

ABC License # _____ Date of issue: _____
License Type Status _____ Date of expiration _____

Resale License # _____ Date of issue: _____
License Type Status _____ Date of expiration _____

Payment Terms:(please circle) COD NET 30
Monthly credit desired : _____

Premium Beverage Company will take into consideration delivery time and any special instructions that you have requested, however, there is no guarantee that such requests will be granted.

CREDIT AGREEMENT

Upon approval, Premium Beverage Company will set up 30 days payment terms. Accounts that are over 30 days past due will automatically have terms changed to COD until the account is brought current. After 42 days past due, a 1.5% per month service charge will be applied to the outstanding balance due.

Any checks returned will incur applicable banking fees and account will automatically have terms changed to COD.

Signature below signifies agreement to these terms. The signator also agrees to personally guarantee payment.

Authorized signature _____ Date _____

Print signer's name _____ Date _____