



# CREDIT APPLICATION & PERSONAL GUARANTEE

★ (510) 217-8885 ★ 1716 Park Street, Alameda, CA 94501 ★

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## Business/Contact Information

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Trade Name if Any: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Sellers Permit No.:** \_\_\_\_\_ **ABC License No.:** \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Business \_\_\_\_\_ Other \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Delivery Information

Preferred Times: \_\_\_\_\_ Coasters needed: \_\_\_\_\_ Handles needed: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## PRINCIPALS OR OWNERS:

1) Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Title \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

Rent or Own: \_\_\_\_\_ How many years at this address: \_\_\_\_\_

2) Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Title \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

Rent or Own: \_\_\_\_\_ How many years at this address: \_\_\_\_\_

**BANK REFERENCES:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

**TRADE REFERENCES:**

1) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Supplier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your company or any of its principles ever been Bankrupt? Yes No

If yes, explain \_\_\_\_\_

**AGREEMENT**

- 1) All invoice are to be paid 30 days from the date of the invoice.
- 2) Any balance that reaches 45 days past the date of the invoice will result in halting deliveries until payment is received in full.
- 3) Net 30 terms will only be acknowledged if this application is returned completed and signed.

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account is place with an attorney or bonded collection agency.

Signed \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_

**PERSONAL GUARANTEE**

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

**THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.**