

Credit Application for Keuka Distributing, LLC

Company Name _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone () _____ Fax () _____ PO Required _____

Type of Business _____ Date Established _____

Type of Entity: Proprietorship Corporation Partnership Other _____

If Incorporated: State of incorporation _____ Year of Incorporation _____

<u>Key Management and Ownership</u>	<u>Titles</u>	<u>% of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank _____ Address _____

City _____ State _____ Zip _____

Phone _____ Officer _____ Account # _____

Three Trade References, Addresses, and Phone Numbers

Estimated Monthly Purchases _____ Credit Line Requested _____

The above information is provided for the purpose of extending credit to our company on your terms of 2% 10th Prox./Net 30. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and our suppliers to furnish you any information necessary to complete your evaluation of our credit history.

In addition, should you extend us open credit terms, that should our account become past due by more than 45 days, our account status will revert to COD credit terms and that the undersigned hereby agrees to be personally liable for all unpaid account balances and reasonable collection costs if any are incurred.

Signature _____ Title _____ Date _____