

**Credit Application with Authorization for Release of Credit Information and Personal Guaranty**

**1. COMPANY INFORMATION**

Full Legal Name/Business Entity and Any Other Name Doing Business As	Phone Number	Fax Number	
Location of Business	City	State	Zip
Billing Address	City	State	Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other _____			

**List Names of your Corporate Officers/Ownership: (Please Print or Type Information)**

Name (Last,First,Middle Initial)		Current Home Address	City/Zip
Social Security #	% Owned	Title/Position	Home Phone
Name (Last,First,Middle Initial)		Current Home Address	City/Zip
Social Security #	% Owned	Title/Position	Home Phone
Name (Last,First,Middle Initial)		Current Home Address	City/Zip
Social Security #	% Owned	Title/Position	Home Phone

**2. MISSOURI LIQUOR LICENSE INFORMATION**

State License Number	License Expiration Date	Licensee Name (As It Appears on State License)	
Resident Agent			
Address	City	State	Zip
Has Applicant Ever Held a Retail or Wholesale Liquor License Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when and where?			

**3. BUSINESS CREDIT INFORMATION**

Federal Tax I.D. (if incorporated)	Principal business of firm	Year business established
At present location since	Is business incorporated?	If so, under laws of what state?
Credit line requested	Incorporated for \$	

*\*Please list all branch/ affiliate store operations on a separate page.*

Has Applicant or any Guarantor ever been involved in bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details on separate page.
Are you interested in electronic transfer of money?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. BANK REFERENCES**

Bank Name	Account #	Contact	
Address	City	State	Zip Phone
Bank Name	Account #	Contact	
Address	City	State	Zip Phone

**5. CREDIT REFERENCES**

Company Name	Contact		
Address	City	State	Zip Phone
Company Name	Contact		
Address	City	State	Zip Phone
Company Name	Contact		
Address	City	State	Zip Phone

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

# Guaranty Agreement

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

By signing this application, I unconditionally guarantee payment of all obligations of the Applicant to Major Brands, now or in the future. I agree to be personally obligated (jointly and severally with any other guarantors) for all such amounts together with any collection costs, including reasonable attorney's fees and court costs. I have the financial ability to make such payments.

I waive any right to notice, presentment or demand, and to modification or changes of credit terms or the extension of credit between Applicant and Major Brands. I agree that Major Brands may collect any of the Applicant's indebtedness from me without exhausting all remedies.

I authorize Major Brands to investigate my personal credit history and financial records, and I authorize each credit reference, including all of my banks, to release information to Major Brands. Major Brands may share the credit information received with its subsidiaries, affiliates and related companies.

Signature of Guarantor _____ / _____ / Name: _____ Address: _____ _____ Please Print	Signature of Guarantor _____ / _____ / Name: _____ Address: _____ _____ Please Print
Signature of Guarantor _____ / _____ / Name: _____ Address: _____ _____ Please Print	Signature of Guarantor _____ / _____ / Name: _____ Address: _____ _____ Please Print

***(Guarantors Name(s) Must Be Present On State of Missouri Liquor License Application.)***

Signature witnessed by a Major Brands employee:

_____ Date	_____ Name/Title
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Credit Application?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Customer \_\_\_\_\_

Do the Customer's assets exceed its liabilities as of the date of this Credit Application?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Customer \_\_\_\_\_

**CREDIT DEPARTMENT USE ONLY**

Customer # \_\_\_\_\_

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

Credit:  Denied  Approved

Credit Approved For: \_\_\_\_\_ Terms \$ \_\_\_\_\_ Credit Limit

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_

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