



CREDIT APPLICATION

For the purpose of extending credit by the above named company, the undersigned submits the following statements as being a true and accurate of its financial condition.

Contact Information

Legal License Name *(as it appears on license)* _____ Phone _____

Trade Name *(DOB name if any)* _____ Fax _____

Email _____ Business Address _____

City _____ State _____ ZIP _____

Billing Address *(If different from above)* _____

City _____ State _____ ZIP _____

Accounts Payable Contact _____ Phone _____ Fax _____

Business Information

Licensee (Sole Owner) _____ Phone _____ Email _____

Address _____

City _____ State _____ ZIP _____

Please list all names, if any: **Partners** **Officers of a Corporation** **Stockholders** **Other** _____

Name _____ Phone _____ Email _____

Business Address _____

City _____ State _____ ZIP _____

Name _____ Phone _____ Email _____

Business Address _____

City _____ State _____ ZIP _____

Name _____ Phone _____ Email _____

Business Address _____

City _____ State _____ ZIP _____

Assets (Receivables) / Liabilities (Payables)

Cash available
(on hand or in bank) _____

Real Estate Owned by you
(on hand or in bank) _____

Other assets or income
(please specify) _____

Notes payable
(unsecured creditors) _____

Other Liabilities
(please specify) _____

Additional Wages
(if otherwise employed) _____

Additional Wages
(if otherwise employed) _____

Balance due to
secured creditors _____

References, Etc.

Do you own the real estate of the licensed premise? Yes No If no, name of lessor: _____

Do you or any parties have ownership in another licensed account in RI, MA, or CT? Yes No Other _____

If yes, please list account(s): _____

Do you own other commercial property in RI, MA or CT? Yes No Other _____

If yes, please list location(s): _____

If otherwise employed, place of employment: _____ Phone: _____

Trade reference (1): _____ Phone: _____ Contact _____

Trade reference 2): _____ Phone: _____ Contact _____

If you are the sole owner, please sign. If it is a partnership, all partners sign. If a corporation, name of corporation and the signature of officer below it.

Sole owner signature _____ *Date* _____

Personal Guarantee

In consideration of the extension of credit by Horizon Beverage Company of R.I. to: _____
(License Name)

Hereinafter as the retail licensee I (we) the undersigned, jointly and severally, hereby guarantee the payment to Horizon Beverage, the sums of money that become due and payable for any and all goods which Horizon Beverage may sell and supply to the said retail licensee. This shall be an open and continuing guarantee and may be subject to change by Horizon Beverage if, I (us) become indebted or default on payment, renewal or an extension of credit is granted, until expressly revoked by written notice by me (us) to Horizon Beverage, and any such revocation shall not in any manner affect my (our) liability as to any indebtedness contracted prior thereto. I (we) further agree to pay to you any and all cost, expense and reasonable attorney's fees paid or incurred by Horizon Beverage in collecting the indebtedness of the said retail licensee or in enforcing this guarantee.

This guarantee shall be binding upon the undersigned and my (our) respective heirs, executors, and administrators, jointly and severally, and shall insure to your benefit and to the benefit of your successors and assigns

Individually and not as officer of a corporation (Sole Owner) *Individually and not as officer of a corporation (Partner)*

Signed on this: _____ of _____ A.D. 20 _____
(Day) *(Month)* *(Year)*

Witness Signature _____