

SGWS /ODOM USE ONLY
Account #
Credit Line \$
Terms
Approved

## **CREDIT and or COD APPLICATION**

**Instructions**: Please indicate what type of account you are requesting. If you are requesting a credit account, all sections of

this application must be completed. Terms will default to COD if incomplete. Questions, please contact your sales representative, or the Corporate Credit department at Toll Free at 1-800-767-6366 x1. **Terms Requested**:  $\square$  Credit  $\square$  COD  $\square$  Other (EFT/EDI/Deposit) Credit Line Requested: \$\_\_\_\_\_ **COMPANY INFORMATION** Legal Business Name\_\_\_\_\_ Phone (\_\_\_)\_\_\_ DBA Name (if different) Physical Address Mailing Address City/State/Zip\_\_\_\_\_ City/State/ Zip\_\_\_\_\_ Type of Organization (check One) 

Corporation Limited Liability Corporation 

Partnership 

Sole Proprietorship Date Business Started (mm/yy) \_\_\_\_\_\_ Business License # \_\_\_\_\_ \_ Phone\_(\_\_\_)\_\_\_\_ Management Contact\_\_ \_\_\_\_\_ E-mail\_\_\_\_\_ Accounts Payable Contact\_\_\_\_\_\_ Phone\_(\_\_\_) Mailing Address \_\_\_\_\_ E-mail **OWNERS OR PARTNERS/OFFICERS** Name\_\_\_\_\_\_ Name\_\_\_\_ Position\_\_\_ Position Home Address Home Address City/ State/ Zip\_\_\_\_\_ City/ State/ Zip\_\_\_\_\_ Home Phone\_\_\_\_\_ Home Phone\_\_\_\_ Employer Name\_\_\_\_\_ Employer Name\_\_\_\_ **COMPANY HISTORY** Yes or No Is applicant and/or guarantor currently a party in any lawsuit? Are there any unsatisfied judgments against applicant and/or guarantor? In the past seven years have you or any business, entity in which you participated either filed

for bankruptcy or been granted a discharge in bankruptcy?

## **CREDIT REFERENCES**

We are unable to use personal credit such as Sears, Visa, Utility Co., Bank Accts., Etc.

Account No	Account No
Name	Name
Address	
City/ State/ Zip	
Phone_()	Phone_()
Fax	Fax
RELEASE C	OF CREDIT INFORMATION
Southern Glazer's Wine and Spirits (SGWS) to consider	der extending credit to me/us,
(Please print your na	me)
I/ we authorize Southern Glazer's Wine and Spirits worthiness and credit standing from any credit reporti	(SGWS) to request a consumer credit report bearing on my/ our crediting agency.
DateSignature	
TER	MS & CONDITIONS
(Acknowledgement	Required – Please initial applicable)
- Payment is due thirty (30) days or earlier from date of invoice for <b>Credit</b> accounts	
- If <u>Credit</u> account is past due and/or over limit,	shipments may be held.
– Payment is due at time of delivery for <b>COD</b> acc	counts.
- If a <b>COD</b> account has an unpaid balance, shipm	nents may be held.
- If <u>ANY</u> account has an unpaid <b>NSF</b> check(s) sh	ipments will be held.
PERSONAL AN	ID INDIVIDUAL GUARANTY
accommodations to the undersigned's corporation, p and conditions as may be agreed between such Bu personally, individually, and irrevocably guaranties payment, immediately when due, or any and all indehereafter be owing or become due from the Business demand, all reasonable costs and expenses, including by the Company in enforcing the obligations hereby gone person, Guarantor's obligations hereunder are joint This is a continuing Guaranty and covers all	current and future indebtedness of the Business to the Company and
	cably. Guarantor hereby waives notice of acceptance of the Guaranty onor, protest, and other notices of every kind of nature whatsoever.
DATED this day of	
Signature in individual capacity As Guarantor	Printed Name & SSN
Signature in individual capacity	Printed Name & SSN

As Guarantor