



INDIVIDUAL PERSONAL GUARANTEE

Date: _____ 20_____

I, _____ residing at _____

_____, for and in consideration of your extending credit at my request to _____,

located at _____

(hereinafter referred to as the "Company") hereby personally guarantee to you the payment at **Wright Beverage Distributing** in the State of New York of any obligation of the Company, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood for such indebtedness of the Company. I do hereby waive notice of default, non-payment, and notice of thereof, and consent to any modification or renewal of the credit hereby guaranteed.

Signature

Witness

Address

3165 Brighton Henrietta Townline Rd., Rochester, New York 14623 · 585-427-2880

CAYUGA · ERIE · GENESEE · LIVINGSTON · MONROE · NIAGARA · ONTARIO · ORLEANS · SCHUYLER · SENECA · STEUBEN · WAYNE · WYOMING · YATES

WRIGHT BEVERAGE DISTRIBUTING

3165 Brighton Henrietta Townline Road · Rochester, New York 14623 · 585-427-2880 · 585-272-1216 (Fax)

CREDIT APPLICATION

BUSINESS INFORMATION:

DBA _____
 Business Address _____
 _____ Zip _____
 Business Telephone _____
 Business Fax _____
 License Name _____
 License Number _____
 Expiration Date _____
 NY State Sales Tax # _____
 Fed ID # (if different from Sales Tax #) _____

PERSONAL INFORMATION: (*MUST COMPLETE)

Applicant's Name _____
 *Date of Birth _____
 *Social Security No. _____
 Home Address _____
 _____ Zip _____
 Home Telephone _____
 Cell Phone _____
 Email _____

TYPE OF BUSINESS:

Sole proprietorship _____ *(list owners below)*
 Partnership _____ *(list partners below)*
 Corporation _____ *(list officers & percent of stock below)*
 Limited Liability Co. _____ *(list members & manager below)*
 Corporation or LLC Name _____

PRINCIPALS:

Name & Title	Soc. Sec. #	Home Address	Home Phone	% of Stock

PLEASE NOTE: Wine & Spirits statements will be sent bi-weekly. Please provide an email address for (your) Accounts Payable:

Accounts Payable Email

Address: _____

ACCOUNTS PAYABLE CONTACT: _____

Phone #: _____

CHECKING ACCOUNTS:

	Name of Bank	Branch	Account Number
1			
2			

CREDIT REFERENCES:

Name _____ Name _____
Address _____ Address _____

APPLICANT AGREES TO THE FOLLOWING TERMS: (1) Payment is due after close of applicant's billing cycle as fixed by NY SLA; (2) After 60 days, finance charges of 1.5% per month will accrue; (3) A credit hold will be placed on accounts over 60 days; (4) Bank fees will be assessed on checks which do not clear; (5) In the event of default in payment, applicant agrees to pay all costs of collection or arbitration to include reasonable attorney fees; (6) All claims, adjustment requests or error notifications must be received within 30 days of invoicing or are deemed waived; (7) This agreement shall apply to all current and future charges and may be canceled only if written and delivered by registered mail; (8) Credit privileges may be withdrawn at any time without invalidating this agreement; (9) We hereby authorize Wright Wisner Distributing Corp. to contact credit reporting agencies, and all bank, credit and trade references herein to verify our credit standing and authorize them to release said information to you.

Applicant Signature/Title _____
Date

Applicant Signature/Title _____
Date

Wright Beverage Distributing Collections Policy

1. Returned checks (NSF) -- The customer will be notified by phone of a returned check and their account will be charged for the amount of the check as well as a 20.00 returned check fee. If we receive two (2) NSF checks from the same customer within a three (3) month period, that customer will no longer be able to write a check for at least 6 months or for a period of time to be determined by the Collections Department and will be required to pay for deliveries by cash, certified check or money order.

2. SLA Listing – Customers are required to pay for deliveries according to the NYS Liquor Authority Credit Calendar. Customers who do not pay by the time allotted will be listed with the SLA and made COD until the past due balance is paid in full. A copy of the SLA Credit Calendar can be found at www.sla.ny.gov/.
-- If no arrangements are made and no attempt is made by the customer to pay off the overdue balance after two (2) months, that customer will be sent to CCC for collection and the account will be put on hold so no deliveries can be made.

3. No Credit Application -- A customer that has not filled out a credit application, or refuses to do so, will not be able to write a check or charge on account.

Account Name _____

Account Address _____

Owner Name (printed) _____

Owner Signature _____

Date _____

Your signature verifies that you have read and understood the policies listed above.