

1270 LINCOLN AVE. Suite 1200,
PASADENA, CA. 91103
Tel. 323-806-2263
Email: office@whiskyontap.com



APPLICATION & AGREEMENT FOR OPEN ACCOUNT (Commercial)

Company Name _____ Address _____
City _____ State _____ ZIP Code _____
Attn: _____ Phone# _____ Fax# _____
Resale# _____ ABC License _____ Email _____

Please check one: ___ Corporation ___ Partnership ___ Soul proprietor ___ LLC.
Date business started _____ President/Owner name _____
SS# _____ Federal ID# _____ Expires _____

Name of bank _____ Address _____
Phone _____ Account# _____
Trade references: _____ Phone _____ Fax _____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, **Whisky on Tap**, is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in the accordance with the terms of sales as stated on the invoice(s). Should I/we not pay **Whisky on Tap** according to term, it is understood that credit privileges maybe withdrawn. Should **Whisky on Tap** find it necessary to obtain assistance in collecting any past due balance, I/we agreed to pay interest at the rate of **1 ½ % per month** (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. At **Whisky on Tap** option, jurisdiction and venue of any suit brought to collect this account Shall be held in **Los Angeles county California**. A copy of the statement and application has been received.

SIGNATURE _____ TITLE _____ Phone _____

(must be signed by an officer or principle of the firm)

PERSONAL GUARANTEE

The undersigned, [print name] _____, of the application corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account. It is understood that credit would not be extended to said corporation/company without this assumption of liability.

(An Individual)

CREDIT DEPARTMENT USE ONLY

CUSTOMER# _____ CREDIT LIMIT _____ TERMS CODE _____

CREDIT MANAGER SIGNATURE _____ DATE _____