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APPLICATION FOR CREDIT WITH CENTRAL DISTRIBUTING COMPANY

Date _____ Trade Name _____

Delivery Location _____

City _____ State _____ Zip _____ County _____

Corp. Sole Ownership Partnership Business Phone _____

Are your purchases tax exempt? No Yes: Sales Tax # _____

Liquor License # _____ Fed. ID # or Soc. Sec. # _____

Names of: Principals _____ Home Phone/FAX _____ Home Address _____

Accounts Payable Billing Information:

Name of Accounts Payable Manager _____

Name of Business _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Information: Name _____ Phone _____ Fax _____

E-mail _____

Type of Business _____

Bank: Name and Address _____

Do you: own rent Place of Business own rent Equipment

Length of time in business for yourself _____ Years _____ Months Manager's Name _____

CREDIT TERMS:

For NEW ACCOUNTS or CHANGE OF OWNERSHIP our terms are cash or check until credit has been approved. After credit approval, regular terms apply.

REGULAR TERMS are: Payments for charges during the first 15 days of the month will be due on the 16th of the same month. Payments for charges during the last 15 days of the month will be due on the 1st of the following month. Payment must be made by invoice; no statement will be sent. If payment is not received in accordance with these terms, the next delivery will be COD delivery, terms will be reduced to 7 days.

RETURNED CHECK POLICY:

Checks returned to us by the bank for insufficient or uncollected funds are automatically entered for collection and collection fees charged to the account. After the first occurrence, no further action will be taken. After the second occurrence, however, deliveries will be made on a "cash only" basis.

PERSONAL GUARANTEE:

In consideration of the extension of open account credit to the business account on this application, the undersigned unconditionally guarantees the payment of all sums due CENTRAL DISTRIBUTING COMPANY on such account. This shall also include any costs of collection and reasonable attorneys' fees incurred.

GUARANTOR _____

(Owner or Stockholder must sign)

Date _____ Title _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT

FOR OFFICE USE ONLY: Credit Approved By _____

Credit Terms _____ Date _____