

ACCOUNT PROFILE/CREDIT APPLICATION

**Sarene Craft Beer Distributors Rhode Island LLC
 6B Spuchy Dr.; Westerly RI, 02891
 PLEASE MAIL PAYMENTS TO:
 1526 Barnum Ave., Unit 2, Bridgeport, CT 06610
 Phone: (929) 360-0825
 E-mail: info@sarenecraft.com**

BUSINESS CONTACT INFORMATION

Date:		RI Tax#:	
LLC Name:		Liquor License #:	
Trade Name (if different from LLC):		Expiration Date:	
Primary Contact:			
Address:		City:	Zip:
Phone:		Billing E-Mail:	

BUSINESS AND CREDIT INFORMATION

Billing Address (if different than above):		
City:	State:	ZIP Code:
Delivery Hours/Instructions: (i.e. 7am-5pm, back door)		
Please Provide the names of all Owners or Corporate Officers(if more than 1 owner, please list on separate page)		
Name:		Title:
Address:	City:	Zip:
Name:		Title:
Address:	City:	Zip:

BUSINESS/TRADE REFERENCES

Company name:
Company name:
Company name:

AGREEMENT

I/We, _____(your name), for and in consideration of Sarene Craft Beer Distributors Rhode Island LLC approval of the Credit Application for _____(Trade Name), hereby personally guarantee to Sarene Craft Beer Distributors Rhode Island LLC, the payment of all charges and fees which may become due in accordance with terms and conditions of Sarene Craft Beer Distributors Rhode Island LLC credit terms, whenever the company shall fail to pay same. I understand this Guaranty shall continue and be irrevocable until all charges and fees are paid or until I receive a written release from this Guaranty.

1. There is a \$50.00 Bounced Check Fee on all returned checks.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Sarene Craft Beer Distributors Rhode Island LLC to make inquiries into the business/trade references that you have supplied.
4. 30 Day Credit Terms will be granted upon approval of application

SIGNATURE: _____

NAME (PLEASE PRINT): _____

****PRIOR TO CREDIT APPROVAL, PREPAYMENT OF ALL ORDERS WILL BE REQUIRED****