

**Sarene Craft Beer Distributors LLC
 4 Warehouse Ln, Elmsford, NY 10523
 Phone (929) 360-0825
 E-mail: Accounting@Sarenecraft.com
 Account Profile/Credit Application**

BUSINESS CONTACT INFORMATION

Date:	Tax ID#:	
Licensee Name:	Liquor License Serial #:	
DBA name:	Expiration Date:	
Primary Contact:		
Mailing Address:	City:	Zip:
Delivery Address:	Phone:	E-Mail:

BUSINESS AND CREDIT INFORMATION

Billing Address:	Billing E-mail:	
City:	State:	ZIP Code:
Special Instruction for Delivery:		
Receiving Hours (must be a 6 hour window):		
Home D ___ Grocery ___ Restaurant ___ Bar ___ Deli ___ C-Store ___ Liquor Store ___ Other(Specify) _____		
County:		
Independent ___ (Chain National ___ Chain Regional ___ Chain # _____ Store # _____)		
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:

BUSINESS/TRADE REFERENCES

Company name:
Company name:
Company name:

AGREEMENT

I/We, _____(your name), for and in consideration of Sarene Craft Beer Distributors LLC approval of the Credit Application for _____(DBA), herby personally guarantee to Sarene Craft Beer Distributors LLC, the payment of all charges and fees which may become due in accordance with terms and conditions of Sarene Craft Beer Distributors 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 \$35.00 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 LLC to make inquiries into the business/trade references that you have supplied.

SIGNATURE: _____

NAME (PLEASE PRINT) _____

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