



## **ALLIED BEVERAGE GROUP, LLC – CREDIT APPLICATION**

License Number: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

License Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_ D&B D-U-N-S#: (If Known) \_\_\_\_\_

Is this a publicly traded corp? (Traded on a recognizable stock exchange) Y \_\_\_ N \_\_\_

If Yes which exchange? \_\_\_\_\_ NASDAQ Symbol \_\_\_\_\_

If not a publicly traded corp Presidents Name: \_\_\_\_\_

Type Of Business:

(Check Appropriate Box)

Restaurant  Bar & Grill  Liquor Store  Other  \_\_\_\_\_

Days/Hours Of Operation:

Open At \_\_\_\_\_ Close At \_\_\_\_\_ On \_\_\_\_\_

Open At \_\_\_\_\_ Close At \_\_\_\_\_ On \_\_\_\_\_

Open At \_\_\_\_\_ Close At \_\_\_\_\_ On \_\_\_\_\_

Who Does The Buying? \_\_\_\_\_

List Other Business Owned By Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever held another license? \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Previous License Information: License #: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_ D&B D-U-N-S#: (If Known) \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Page 1 of 2

**IF CORPORATION OR LLC – THIS SECTION MUST BE COMPLETED**  
Name of anyone holding more than 10% Of Stock (Unless Publicly Traded)  
List additional stockholders on an additional page, if necessary

I (we) are applying for an account with Allied Beverage Group, LLC. As part of the qualification process, Allied Beverage Group, LLC will obtain a copy of my credit history. I hereby authorize Allied Beverage Group, LLC or any agent of the company to access this information. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Applicant/Owner Information: (If more than two stockholders use additional copies of page 2)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Current Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ % of Stock \_\_\_\_\_

Additional Applicant/Owner Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Current Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ % of Stock \_\_\_\_\_

Further, by signing this credit application I agree to abide by all Allied Beverage Group, LLC terms and conditions of sale including, but not limited to, a service charge of 2% per month on all invoices unpaid thirty (30) or more days after invoice date, and a penalty charge of 25% of the amount placed with an attorney or collection agency for legal collection.

\_\_\_\_\_  
Signature of President

Please return a copy of your certificate of occupancy/copy of Liquor License Certificate with this completed application to Allied Beverage Group, LLC's

ALLIED BEVERAGE GROUP, LLC  
700 Kapkowski Road  
PO Box 7000  
Elizabeth, NJ 07201



### PERSONAL GUARANTEE

In consideration for Allied Beverage Group, LLC, a New Jersey Limited Liability Corporation extending credit to

\_\_\_\_\_, a New Jersey corporation trading as  
\_\_\_\_\_. I \_\_\_\_\_,  
the owner, residing at \_\_\_\_\_

do individually and collectively Guarantee payment of all Debts incurred by corporation to Allied Beverage Group, LLC, a New Jersey Limited Liability Corporation from its inception and for the duration of the account's existence, which represents merchandise sold and delivered by Allied Beverage Group, LLC, to

\_\_\_\_\_.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Print: \_\_\_\_\_

Signed In My Presence:

By: \_\_\_\_\_ Salesperson: \_\_\_\_\_ # \_\_\_\_\_

North Email  
[creditapplication@alliedbeverage.com](mailto:creditapplication@alliedbeverage.com)