

TRY-IT DISTRIBUTING CO., INC. and/or BALKAN BEVERAGE LLC

4155 Walden Avenue | Lancaster, NY 14086 | (716) 651-3551 | (716) 651-4694 FAX

APPLICATION FOR CREDIT

Please sign and date each company you are requesting credit with:

TRY-IT DISTRIBUTING CO., INC. _____ DATE _____

BALKAN BEVERAGE LLC _____ DATE _____

LICENSE NAME: _____

D.B.A. NAME: _____

BUSINESS ADDRESS: _____
street city state zip

BUSINESS PHONE: _____ DAYTIME PHONE: _____
(between 8am-5pm)

FAX #: _____

E-MAIL ADDRESS: _____

TAX ID #'s: _____
federal state

DATE ESTABLISHED: _____ DAYS NOT OPEN: _____

TYPE OF BUSINESS: CORPORATION

PARTNERSHIP

LIMITED LIABILITY PARTNERSHIP

LIMITED LIABILITY CORPORATION

DO YOU: LEASE

OWN

RENT

**IF LIMITED LIABILITY, AMOUNT OF LIABILITY: _____

BANK REFERENCES

1. _____
branch *city, state* *phone #*
TYPE OF ACCOUNT: CHECKING, ACCOUNT #: _____
 SAVINGS, ACCOUNT #: _____
 LOANS, ACCOUNT #: _____

TRADE REFERENCES

1. _____
supplier's name *address* *city* *phone #account #*
2. _____
supplier's name *address* *city* *phone #account #*
3. _____
supplier's name *address* *city* *phone #account #*

For office use: *approved:* _____ *denied:* _____ *initialed:* _____
account #: _____ *group (cycle) #:* _____ *notes:* _____

PRINCIPAL OWNERS OR STOCKHOLDERS (please print)

1. _____
name/title *home address* *city* *state* *zip*

Social security # *home/cellular # % percentage of ownership*
2. _____
name/title *home address* *city* *state* *zip*

Social security # *home/cellular # % percentage of ownership*

HISTORY

HAVE YOU PREVIOUSLY BEEN IN BUSINESS? YES NO IF YES, WHEN? _____
(from – to)
WHERE? _____ IN WHAT CAPACITY? _____
HAVE YOU EVER FILED FOR BUSINESS OR PERSONAL BANKRUPTCY? YES NO
IF YES, GIVE DATE, CITY, AND STATE: _____

WARRANTY AND GUARANTEE

In consideration of your extending credit to the undersigned or any of them, and in reliance upon our representations made herein, we do hereby certify and warrant that all the facts and figures set for the herein are correct and true, and that we will immediately notify you, of any unfavorable change in our financial condition and any actions that may be instituted against us. We agree to pay our obligations to you in accordance with such terms of payment at the time of entering into the transactions with you. Should we default, we will pay you a service charge computed at the rate of one and one-half percent (1.5%) per month on the amount in default. Customer agrees to pay all cost in collections including any attorney fees. Choice of legal venues to be decided by Try-It Distributing Co., Inc. and/or Balkan Beverage LLC.

YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN TO DETERMINE MY CREDIT WORTHINESS. FURTHERMORE, BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF SALES, AND AGREE TO ABIDE BY THEM

IF THIS IS A CORPORATION, THE OFFICERS MUST SIGN AND INDICATE TITLE. CORPORATE OFFICERS UNDERSTAND THAT THEY ARE SIGNING THIS WARRANTY AND APPLICATION INDIVIDUALLY ON BEHALF OF THE CORPORATION. IF THIS IS A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF YOU ARE THE SOLE OWNER, YOU AND YOUR SPOUSE (IF APPLICABLE) SIGN.

PLEASE SIGN:

FOR CORPORATION:

FULL COMPANY NAME: _____

BY: _____ **BY:** _____
date *date*

TITLE: _____ **TITLE:** _____

FOR A PARTNERSHIP:

PARTNERSHIP NAME: _____

PARTNER: _____ **PARTNER:** _____
date *date*

FOR SOLE PROPRIETORSHIP:

OWNER: _____ **SPOUSE:** _____
date *date*

PERSONAL GUARANTEE

For and in consideration of the extension of credit by Try-It Distributing Co., Inc. and/or Balkan Beverage LLC, a New York corporation, to

* _____,
(license name)

* _____,
(corporation, partnership, or sole proprietorship)

Principle shareholders and owner, the undersigned personally, jointly and severably do guarantee any and all credits, bills, or obligations from

* _____,
(license name)

* _____,
(D.B.A. name)

to Try-It Distributing Co., Inc. and/or Balkan Beverage LLC of whatever kind, character, or amount, and authorize the collection in the State of New York.

The undersigned further agrees to pay the cost of collection under this Guarantee, including agency fees, court costs, interest of 1.5% per month, and reasonable attorney's fees.

The undersigned has signed this Guarantee on* _____ (date).

This warranty and guarantee shall be effective without first requiring you to proceed against any other party, and we hereby waive notice of acceptance, default and non-payment and consent to waiver, extension of modification of credit terms, surrender of collateral, if any, renewal, release of parties to the obligations and any other act of omission for recovery of the sum due. This shall be an open and continuing guarantee and shall continue in full force and effect notwithstanding any change in the amount of the indebtedness from time to time or renewals or extensions granted by you without obtaining any consent thereto. Our obligations shall not be affected by any change which may arise by reason of the death of any of the undersigned, and shall be binding upon our executors, distributees, successors, or assigns.

* _____
Signature (do not include title)

* _____
Signature (do not include title)

* _____
Print Name

* _____
Print Name

****SIGNATURE ON THIS FORM IS CONSIDERED CONSENT TO INCLUDE BALKAN BEVERAGE LLC UNDER ANY AND ALL GUARANTEES AND WARRANTIES CURRENTLY ON FILE WITH TRY-IT DISTRIBUTING CO., INC., OR TO INCLUDE TRY-IT DISTRIBUTING CO., INC. UNDER ANY AND ALL GUARANTEES AND WARRANTIES CURRENTLY ON FILE WITH BALKAN BEVERAGE LLC.**

FASCIMILE COPIES OF THIS GUARANTEE WILL BE ACCEPTED AND CONSIDERED BINDING.