



CREDIT APPLICATION

Licensee Name _____ Serial # _____

Tax ID # _____

Name of Business _____

Owner's Name _____

Owner's Home Address _____

Owner's Phone _____

Business property is: _____ owned _____ rented

Business Checking Account#: _____

Name of Bank: _____ Branch Location _____

Bank Official References: _____

TRADE REFERENCES. LIST NAME, ADDRESS & PHONE NUMBER:

Reference #1: _____

Reference #2: _____

Reference #3: _____

Have you ever declared bankruptcy? _____ If so, please provide the name under which you filed, the date of filing and the Chapter (7, 11 or 13) of the US Bankruptcy Code that you filed under.

Do you carry insurance on the following:

_____ Merchandise

_____ Vandalism

_____ Fixtures

_____ Theft

Name and address of insurance agency: _____

Have you ever been in the liquor, wine or beer business in any capacity in the past? _____ Yes _____ No

If yes, please state under what name you operated and when and where such business was located.

STATEMENT: In consideration of credit being extended by McCraith Beverages Inc. and/ or High Peaks Distributing LLC, to me/us/it, I and/or we certify the truthfulness and veracity of the statement appearing above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing by us or either of us or any other person, firm or corporation for our benefit. If credit is extended to a corporation in which we, or either of us, or I am an officer, or in which an interest exists, I and/or we will personally faithfully guarantee the payment of all credit extended to said corporation.

STATEMENT: In the event that this account is placed for collection, I and/or we hereby agree and promise to pay all costs of collection, including reasonable attorneys' fees.

STATEMENT: Purchases and/or deliveries are herewith authorized to be made without signature.

STATEMENT: If any amounts are not paid within 30 days, the amount is past due and in default and a late charge will be assessed in the amount of 1.5% per month (18% APR) on the average daily balance until full payment is made.

Dated: _____ Signature of Owner: _____

DIRECT WITHDRAWAL AUTHORIZATION

Licensee Name: _____ Serial # _____

OPTION 1 | Online Payment through Retail Portal - I will schedule my own electronic payments or send check at my convenience.

By signing below, you certify that you are making payments through Retail Portal with a business bank account. Signature also certifies you will supply McCraith Beverages Inc. and/or High Peaks Distributing LLC with a voided check for verification purposes as well as make McCraith Beverages Inc. and/or High Peaks Distributing LLC aware of any change in banking information.

Authorized Signature for Option 1 _____

OPTION 2 | Recurring Billing - McCraith Beverages Inc. and/or High Peaks Distributing LLC will withdrawal payment for every delivery.

By signing below, you certify that you are an authorized representative of the company listed above and that you give permission to McCraith Beverages Inc. and/or High Peaks Distributing LLC to withdraw funds from the specified bank account to be applied to your invoice balance as directed herein. Signature also certifies that sufficient funds will always be available in the corresponding account, or any fees associated with an overdraft will be billed back to the business aforementioned.

AUTHORIZED BY:

Print Name _____

Signature _____ **Date** _____

McCraith Beverages Inc. | 20 Burrstone Rd. | New York Mills, NY 13417 | 315-768-2337

High Peaks Distributing LLC | 1016 St. Rt. 3 | Saranac Lake, NY 12983 | 518-891-3160