



PRESQUE ISLE

WINE CELLARS

9440 W MAIN RD ♦ NORTH EAST PA ♦ 16428

COMMERCIAL CREDIT APPLICATION

Company Name _____

Billing Address _____ Ship To _____

City _____ City _____

State _____ Zip Code _____ State _____ Zip Code _____

Telephone # _____ Fax# _____

E-Mail Address: _____

OWNERSHIP:

____ Proprietorship ____ Partnership ____ Corporation ____ Subsidiary ____ Other

Partners, Owners or Officers:

Name _____ Name _____

Position _____ Position _____

SSN _____ SSN _____

Address _____ Address _____

Year Business Established _____ At present location since _____

Federal Tax Id # _____ Sales Tax Exempt # _____

Bonded Winery # _____ Resale # _____

CREDIT INFORMATION:

ESTIMATED SALES FOR 12 MONTHS _____
ESTIMATED MAXIMUM CREDIT DESIRED _____

CREDIT REFERENCES:

BANK NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TRADE REFERENCES:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY,STATE,ZIP _____ CITY,STATE,ZIP _____

TELEPHONE _____ TELEPHONE _____

FAX _____ FAX _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY,STATE,ZIP _____ CITY,STATE,ZIP _____

TELEPHONE _____ TELEPHONE _____

FAX _____ FAX _____

I HEREBY WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND IS FURNISHED FOR THE PURPOSE OF OBTAINING CREDIT. I HEREBY AGREE THAT PRESQUE ISLE WINE CELLARS MAY INVESTIGATE OUR RECORD AND THAT, IF AN ACCOUNT IS OPENED, PRESQUE ISLE WINE CELLARS MAY FURNISH INFORMATION REGARDING THIS ACCOUNT TO CREDIT REPORTING AGENCIES AND OTHERS WHO MAY PROPERLY REQUEST SUCH INFORMATION. MY SIGNATURE BELOW AUTHORIZES ANY AND ALL AGENCIES LISTED ON THIS APPLICATION AS A CREDIT REFERENCE TO RELEASE INFORMATION ABOUT OUR COMPANY'S HISTORY WITH THEM..

COMPANY NAME _____

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

CREDIT TERMS ARE: Net 30 days. Interest of 1 ½ percent per month shall accrue on any unpaid balance of applicant's account, which is not paid to the company according to the terms of payment specified by the company.

In the event that the account is placed with a collection agency or attorney for collection, applicant agrees to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced. In the event an action is commenced, applicant hereby submits to the jurisdiction of the courts of Pennsylvania.

Applicant hereby authorizes the company to obtain credit information from any source and further authorizes those credit sources to provide credit information to the company.

X _____

APPLICANT SIGNATURE /TITLE

DATE

INDIVIDUAL PERSONAL GUARANTEE

In order to induce Presque Isle Wine Cellars to extend credit to the applicant, the undersigned (guarantor) hereby unconditionally and irrevocably guarantees payment of all sums due the company by applicant, including interest, all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced. Guarantor waives notice of acceptance, protest or demand. Guarantor further consents in advance to any extension or modification of the terms and conditions of sale by the company to applicant.

GUARANTOR _____ Print Name Clearly

SIGNATURE _____

Address _____ SS# _____

_____ Date _____

CONTACT AUTHORIZATION

I agree to be contacted by e-mail for the purposes of receiving information about my account, receiving special offers and latest news. I understand Presque Isle Wine Cellars will respect my privacy and never sell my information to a third party, or allow it to be used by anyone not authorized by me. By my signature I give my consent.

SIGNATURE _____ DATE _____

*When this form is complete, please print and have the appropriate parties sign in the indicated signature fields. You can Fax the completed and signed form to 814-725-2092, or mail to **Presque Isle Wine Cellars, 9440 W Main Rd, North East, PA, 16428.***