

Matagrano Inc.

P.O. Box 2588-South San Francisco CA., 94083-2588
Phone (650) 246-3770 Fax (650) 952-9421

Account No. _____

CREDIT APPLICATION

Name of Licensee

Principal (s) & Contacts

D.B.A

Principal Owner

Street Address

Home Address

City, State, Zip

Social Security Number

Business Phone Number

Partner Name

Liquor License Number

Partner Home Address

Resale Number

Social Security Number (Partner)

Business Organization (please circle one)

Business Property (please circle one)

Corporation Partnership Individual

Owned Leased

Type of Business Please circle one)

Accounts Payable Contact

Liquor Store Market Bar Restaurant

Name Phone Number

Bank References

Street Address

Name of Bank

Trade References (3 Required) Suppliers or creditors, But you must include one Wholesale Beer Distributor

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

CREDIT POLICY IS AS FOLLOWS ***STATE LAW REQUIRES ALL INVOICES MUST BE PAID 30 DAYS FROM INVOICE DATE***

C.O.D. Accounts: New account, accounts with temporary licenses, accounts with unpaid invoices older than 30 days and accounts in escrow.

7-Day accounts: Accounts with a permanent license, approved completed credit application and an application and an acceptable credit history in a prior business or satisfactory history with Matagrano Inc.

I/We understand and agree that credit granted shall be paid promptly in accordance with terms and agreements. I/We understand and agree that pursuant to State Law, the grantor must add 1% per month to any balance owing beyond 42 days for reasonable collection charges; or in the even of court action, to pay reasonable attorneys' fees.

Print Name & Title

Sign Name

Date