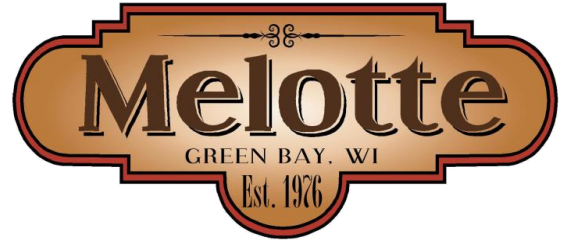


APPLICATION FOR CREDIT

Return Form to:

Melotte Distributing, Inc.
1442 Main Street, Green Bay, WI 54302
Phone: 920-435-1986, Fax: 920-435-3647
Email: sperry@melotte-dist.com



Account Information:

Business Name:	_____	Shipping Address:	_____
Legal Name:	_____	Mailing Address:	_____
Tax ID #:	_____	City, State, Zip:	_____
Year opened:	_____	Phone/Fax:	_____
Weekly Purchases	_____	Website Address:	_____
A/P Contact:	_____	A/P Phone:	_____
A/P Email:	_____	A/P Fax:	_____
Bank Name:	_____	Bank Contact:	_____

Owner Information: (if more than 2 owners, copy and sign additional form)

Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

SSN: _____

% of ownership: _____

Years ownership: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Owner Information: (if more than 2 owners, copy and sign additional form)

Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

SSN: _____

% of ownership: _____

Years ownership: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Trade References (non-alcohol):

	<u>Trade Name</u>	<u>Contact:</u>	<u>Phone:</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Terms:

*Payment Terms of Sale: **NET 7 DAYS**
Past due payments are subject to a finance charge of one and one half percent per month (1.5%). In the event that your account becomes past due, the purchaser agrees to pay all fees and court costs incurred by the seller (Melotte Dist.).

In consideration for credit extended, I/We personally guarantee prompt payment of all obligations to Melotte Distributing. In the event of a default, the parties agree that any legal activity should be venued in Brown County, State of Wisconsin I/we agree to notify Melotte Distributing of any ownership changes to the above mentioned entity, by certified mail. In addition, we grant Melotte Distributing permission to contact references, bank, and credit agency for verifications.

Name (Print): _____

Guarantor Signature: _____

Date: _____

Name (Print): _____

Guarantor Signature: _____

Date: _____

*This application must be signed before it can be processed. Please allow 48 hours for processing.