



ARTISAN BARRELS Credit Application Form

Please fax to Artisan Barrels
when completed | 510-339-0173

This document contains interactive form fields.

IDENTITY | 1

Business Name

Address | **Ship to**

City | State | Zip

Phone#

Billing Address

City | State | Zip

Phone#

BUSINESS ENTITY | 2

Date Business was established under present ownership Fax #

Is Business a Sole Proprietor Partnership Corporation

Terms Desired Cash COD [Check] Net 30 days

Please provide Name, Home Address and Home Phone Number of Owners, Partners or Corporate officers

1 | Name | Title

1 | Address | Phone #

2 | Name | Title

2 | Address | Phone #

Location of Business is Rented Owned

Please Note | Approval of Credit is based largely on reports from other suppliers. (Please provide names of other suppliers who you buy from on credit; we are particularly interested in glass, cork and barrel suppliers).

If **Rented**, provide Name and Phone # of Landlord

If **Owned**, provide Name and Phone # of Mortgage Holder

BUSINESS REFERENCES | 3

1 | Name | Address

1 | Phone # 1 | Fax #

2 | Name | Address

2 | Phone # 2 | Fax #

3 | Name | Address

3 | Phone # 3 | Fax #

BANK REFERENCES | 4

Name of Main Bank Address

City | State | Zip

Phone#

Checking Savings Loan Account#

Have you bought goods or services from Artisan Barrels in the past? Yes No
(I/We) the undersigned authorize the banks listed above to give their credit experiences to Artisan Barrels.

TERMS & CONDITIONS | 5

Applicant(s) hereby agree(s) to pay Supplier on demand or within thirty days from supply, whichever occurs first, for all goods, materials and services supplied on account. Applicant(s) further agree(s) that in the event legal action is undertaken to collect monies due under the account, the prevailing party will be entitled to costs of suit and reasonable attorney's fees. The Applicant(s) further agree(s) to pay interest at the rate of 1-1/2% per month on any account balance not paid within thirty (30) days of the date the debt is incurred. Applicant(s) further agree(s) that in the event legal action is undertaken, Alameda County shall be the proper county in which to commence legal action.

**MUST BE SIGNED BY OWNER,
PARTNER OR CORPORATE
OFFICER ONLY**

1 | **Signature** Title | Date

2 | **Signature** Title | Date