



C.J.W., Inc.

2437 Chicory Rd ♦ Racine, Wisconsin 53403
 Phone: 262-554-4288 ♦ Fax: 262-554-4282

CUSTOMER APPLICATION (Please Print All Info)

| Office Use Only | |
|--|--|
| <input type="checkbox"/> New Account | <input type="checkbox"/> Changes Only |
| Previous Account name if known _____ | |
| Customer #: _____ | |
| Salesperson: _____ #: _____ | |
| <input type="checkbox"/> Copy WI Seller's Permit | <input type="checkbox"/> Copy of License |
| <input type="checkbox"/> Guarantor Agreement | |
| <input type="checkbox"/> Approved for Credit - Date: _____ | |

| Date of Application: _____ | | <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership | |
|---|------------------------|--|---|
| Licensee/Agent Name: (as listed on license) | | | |
| Customer Name (Legal entity name-as listed on license): | | | |
| Customer Name (Doing Business As): | | | |
| Street Address (as listed on license): | | | |
| City: _____ | | State: _____ | Zip: _____ |
| County: _____ | | | |
| <input type="checkbox"/> Business address = mailing address | Business Phone#: _____ | | Business Fax#: _____ |
| License Number: _____ | | <input type="checkbox"/> Beer <input type="checkbox"/> Liquor | Expire Date: _____ |
| WI Sellers Number: _____ | | | |
| CONTACTS | | | |
| Name: _____ | | | <input type="checkbox"/> Can Order <input type="checkbox"/> Can Decide <input type="checkbox"/> Payables <input type="checkbox"/> Service <input type="checkbox"/> Auto - email |
| Title: _____ | | | |
| Phone 1: _____ | | | |
| <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Other | | | |
| Phone 2: _____ | | | |
| <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Other | | | |
| Email: _____ | | | |
| Name: _____ | | | <input type="checkbox"/> Can Order <input type="checkbox"/> Can Decide <input type="checkbox"/> Payables <input type="checkbox"/> Service <input type="checkbox"/> Auto - email |
| Title: _____ | | | |
| Phone 1: _____ | | | |
| <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Other | | | |
| Phone 2: _____ | | | |
| <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Other | | | |
| Email: _____ | | | |

CREDIT APPLICATION

Account is COD unless the following information is completed and approved.

This application is prepared by applicant for the purpose of inducing C.J.W., Inc., to provide credit to applicant for goods sold on open account. All information contained herein is true and correct.

| | | | |
|--|------------|-----------------------|--------|
| <i>Information below required when billing is sent to a different address than business location</i> | | | |
| Billing Address | | | |
| City | State | Zip | County |
| Billing Contact Name | | Billing Contact Email | |
| Phone Number | Cell Phone | | |

Are purchases to be made by this business exempt from sales and use taxes? Yes No

Estimated monthly purchases to be made by business? _____

Describe type of business to be conducted by this business? _____

Information listed below used to obtain regional credit bureau information. Credit requests are issued by C.J.W., Inc. Our company does not share credit information with anyone. Signator consents to release of any and all credit information to C.J.W., Inc. C.J.W., Inc. reserves the right to check credit at a later date.

Required Information to Obtain Credit: Name; home address (including city/state/zip); telephone number and Social Security number of all owners or in the case of corporation, all shareholders, officers and directors, and in the case of an LLC all members.

| | | | |
|---------------------|------|-------------------|-----|
| Name #1: | | Business Title: | |
| Home Street Address | City | State | Zip |
| Home telephone #: | | Social Security # | |
| Name #2: | | Business Title: | |
| Home Street Address | City | State | Zip |
| Home telephone #: | | Social Security # | |
| Name #3: | | Business Title: | |
| Home Street Address | City | State | Zip |
| Home telephone #: | | Social Security # | |

| | | | |
|---------------------|------|-------------------|-----|
| Name #4: | | Business Title: | |
| Home Street Address | City | State | Zip |
| Home telephone #: | | Social Security # | |

COMMERCIAL REFERENCES:

Bank Name: _____

Other Beverage Companies: _____

Business Reference: _____

Business Reference: _____

When credit is approved, balance shown on weekly statements are due and payable with 15 (fifteen) days of date of invoice. Delinquent accounts are placed on cash on delivery basis without notice to accounts.

Applicant agrees to pay the sum of \$40.00 (Forty Dollars) for each check returned to C.J.W., Inc. Customers with 1 (one) insufficient check returned are placed on a cash/cashier check basis.

Credit decisions are based wholly on C.J.W., Inc. Company guidelines.

Corporations and LLC's are required to have individual guarantees of its shareholders/members on file with C.J.W., Inc. prior to any extension of credit.

Said Personal Guarantees require the shareholders/members, without recourse, to be responsible for payment of all invoices for goods sold on an open account.

Applicant Signature: _____

Date: _____

Printed Applicant Name: _____

Applicant Signature: _____

Date: _____

Printed Applicant Name: _____

Applicant Signature: _____

Date: _____

Printed Applicant Name: _____

Applicant Signature: _____

Date: _____

Printed Applicant Name: _____

**In the case of a corporation, President and Secretary must sign.
In the case of an LLC, all members must sign.**

C.J.W., INC. MAINTAINS THE RIGHT TO AMEND CREDIT TERMS GRANTED TO CUSTOMER AT ANY TIME.

TO BE COMPLETED BY SALESMAN

| | | |
|-------------------------|--|---|
| Sales Type: | <input type="checkbox"/> On Premise | <input type="checkbox"/> Off Premise |
| Class of Trade: | <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Airline <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bowling Center <input type="checkbox"/> Casino/Gaming <input type="checkbox"/> Concessionaire <input type="checkbox"/> Golf/Country Club <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Military <input type="checkbox"/> Music/Dance Club <input type="checkbox"/> Private Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Special Event <input type="checkbox"/> Temp license <input type="checkbox"/> Restaurant | <input type="checkbox"/> Convenience/Gas <input type="checkbox"/> Drug Store <input type="checkbox"/> Liquor Store <input type="checkbox"/> Military <input type="checkbox"/> Neighborhood Store <input type="checkbox"/> Special Account <input type="checkbox"/> Home Distributor <input type="checkbox"/> SuperCenter <input type="checkbox"/> Supermarket <input type="checkbox"/> Wholesale Club |
| Industry Volume: | <input type="checkbox"/> Top 50% of Volume <input type="checkbox"/> Next 40% <input type="checkbox"/> Lowest 10% | <input type="checkbox"/> Top 50% of Volume <input type="checkbox"/> Next 45% <input type="checkbox"/> Lowest 5% |
| Ethnicity | <input type="checkbox"/> General Population <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian | <input type="checkbox"/> General Population <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian |

Package Type: Draft Draft and Package Package Only

Status: Independent Account Chain Account **Chain Owner** _____

Store No: _____

Salesperson: _____ **Supervisor** _____

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Sales Scheduled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery Schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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WHEREAS, (1) _____, hereinafter referred to as Debtor is or will be indebted to C.J.W., Inc., hereinafter referred to as "Company", for goods sold and delivered on open account and for other accounts; and,

WHEREAS, Company has demanded security for such indebtedness and has refused to permit the indebtedness of Debtor to company to increase until the present indebtedness is amply secured and/or Debtor desires to purchase goods from Company on open account; and

WHEREAS, (2) _____, hereinafter referred to as Guarantor is interested as member/stockholder, employee, officer and/or director of Debtor and desire that C.J.W., Inc. sell or continue to sell goods to Debtor and have requested to do so.

NOW THEREFORE, in consideration of the foregoing, and in consideration of ONE DOLLAR (\$1.00) and other good and valuable consideration to Guarantor in hand paid at or before the delivery of the presents, Guarantor does hereby unconditionally guarantee to company, its successors and assigns, the due and punctual payment when due, whether by acceleration or otherwise, of all indebtedness to company of Debtor whether direct or indirect, absolute or contingent, due or to become due, now existing or hereafter arising, whether as a result of business of Debtor or otherwise, whether for merchandise shipped or otherwise, and whether an open account or represented by instruments for the payment of money of otherwise, which is incurred prior to receipt by Company of written notice of the revocation of this guaranty by the undersigned or written notice of the death or incapacity of Guarantor.

If in reliance upon this guaranty, company extends credit to Debtor or takes other action, after death or incapacity of the undersigned, or the revocation of this guaranty by the undersigned, but prior to receipt by company of said written notice thereof, Company's rights shall be the same as they would have been had said death, incapacity or revocation not occurred, and the undersigned agrees to indemnify Company and save it harmless from and against all loss, costs, liability and expense of any action so taken by it.

In case Debtor shall fail to pay all or any part of the of the obligations hereby guaranteed when due, whether by acceleration or otherwise, the undersigned immediately upon the written demand of Company will pay to company the amount due and unpaid by Debtor as aforesaid, in like manner as if such amount constituted the direct and primary obligation of the undersigned. To make any demand upon or pursue or exhaust any of its rights or remedies against Debtor or others with respect or the payment of any of the obligations hereby guaranteed or to pursue or exhaust any of its rights or remedies with respect to any collateral therefore.

The undersigned shall have no rights of subrogation whatsoever with respect to the obligations hereby guaranteed unless and until Company shall have received full payment of all of the obligations hereby guaranteed.

Any written notice required to be given Company pursuant to the Guaranty Agreement, shall be sent registered mail, postage prepaid to C.J.W., Inc., 2437 Chicory Road, Racine, WI 53403, or at such other address Company may from time to time in writing notify the undersigned.

This Guaranty shall inure to the benefit of Company and its successors and assigns and shall be binding upon the undersigned and the executors, administrators and other legal representatives of the undersigned.

WITNESS (3) OUR HAND AND SEAL THE ____ DAY OF _____, 20__

(4) _____
Guarantor

Home Address City State Zip

(5) _____
Guarantor

Home Address City State Zip

WISCONSIN SALES AND USE TAX EXEMPTION CERTIFICATE

Check One: Single Purchase Continuous

Seller:

C.J.W., Inc.
2437 Chicory Road
Racine, WI 53403

Purchaser's Business Name and Address:

The above purchaser, whose signature appears on this form, claims exemption from Wisconsin state, county, stadium, and premier resort sales and use tax on the purchase, lease, or rental of tangible personal property or taxable services as indicated by the box(es) checked below.

I hereby certify that I am in the business of selling, leasing, or renting: _____

General description of property or services purchased (itemize property purchased if "single purchase"): _____

Proposed Exempt Use:

- Resale** _____ (Enter Sellers Permit or Use Tax Certificate Number)
- Items or services purchased directly by and used by religious, charitable, educational, scientific, or other organization holding a Wisconsin Certificate of Exempt Status. CES Number _____
- Federal, State, or Municipal Government agency.
- Other purchases exempted by law. (State items and exemption). _____

I hereby certify that if the item(s) being purchased are not used in an exempt manner, I will remit use tax on the purchase price at the time of the first taxable use. I understand that failure to remit use tax may result in a future liability that may include tax, interest, and penalty.

Authorized Signature

Title

Date