

INNERMOUNTAIN DIST. – NEW AND UPDATED ACCOUNT INFORMATION

NEW ACCT _____ ACCT CHANGE _____ FORMER ACCT NAME _____

LEGAL NAME OF ACCOUNT _____

DBA (If Different) _____

SHIPPING NAME & ADDRESS _____

BILLING NAME & ADDRESS _____

TYPE OF BUSINESS _____

LIQUOR LICENSE # _____ LICENSED TO _____ EXP. DATE _____

BUSINESS PHONE _____ FAX _____

ORDER CONTACT NAME _____

ORDER CONTACT PHONE _____ EMAIL _____

A/P CONTACT NAME _____ A/P PHONE _____

A/P FAX _____ A/P EMAIL _____

DO YOU WANT STATEMENTS? (Please Circle One) YES NO

IF YES, STATEMENT SENT VIA: POSTAL MAIL or EMAIL (Please Circle One)

EMAIL OR MAILING ADDRESS FOR STATEMENTS _____

DO YOU WANT INVOICES EMAILED TO YOU SAME DAY AS DELIVERY? (Please Circle One) YES NO IF

YES, SENT TO WHAT EMAIL ADDRESS _____ REQUESTED

TERMS (Please Circle One) COD or TERMS/CHARGE ****Credit App & Approval Required**** ****IF CHARGE**

REQUESTED, CREDIT APPLICATION MUST BE RETURNED WITH THIS FORM**

PAYMENT TYPES ACCEPTED: CASH, CHECK OR ONLINE BILL PAY (Link is on the Statement)

IS A PO # REQUIRED? _____ SALESMAN NAME _____

SPECIAL DELIVERY INSTRUCTIONS _____

OTHER COMMENTS _____

FOR INTERNAL USE ONLY:

SALES DAY _____ ROUTE AFTER _____ DELIVERY DAY _____ ROUTE AFTER _____

| QTY | ITEM # | ITEM DESCRIPTION | SELL PRICE |
|-----|--------|------------------|------------|
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**INNERMOUNTAIN DISTRIBUTING COMPANY
WHOLESALE CREDIT APPLICATION AND AGREEMENT**

APPLICANT NAME _____ DATE _____

Upon approval of this application, credit will be extended with the terms of this agreement. Applicant agrees to pay its account when due and to all other terms and conditions of this application and agreement. Any amount not paid in accordance with the credit terms will be assessed finance and other charges as provided on side two.

INCOMPLETE APPLICATION WILL RESULT IN THE DELAY OR DENIAL OF CREDIT.

PLEASE FILL OUT COMPLETELY

PHYSICAL ADDRESS OF BUSINESS: _____

BUSINESS OWNERSHIP: _____

CORPORATE ___ PARTNERSHIP ___ INDIVIDUAL ___ NON PROFIT ORGANIZATION ___

LEGAL NAME & ADDRESS OF FIRM: _____

BANK REFERENCES: BANK OFFICER: _____

NAME AND ADDRESS OF BANK: _____

BANK PHONE # _____ ACCT # _____

*STATE SALES TAX EXEMPTION # _____ (NPO/RE-SALE)

CREDIT REFERENCES:

| | COMPANY NAME | PHONE # | FAX # | COMPLETE MAILING ADDRESS |
|----|--------------|---------|-------|--------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

(COMPLETE & SIGN PAGE 3)

CREDIT TERMS:

1. **Charges incurred from the 1st thru the 15th, inclusive, are due on or before the 25th of the month and charges incurred from the 16th thru 31st, inclusive are due on or before the 10th of the following month.**
2. **Interest applies to any balance not paid as provided above at the rate of 2% monthly.**
3. **In the event applicant breaches this agreement, applicant shall be liable, in addition to the interest set for the above, for all attorney's fees, collection costs and court fees incurred by Innermountain Distributing Company, Inc.**
4. **Accounts over 45 days past due will automatically be changed to cash accounts until amount owing is paid in full and a good credit history is reestablished.**
5. **Innermountain Distributing Company, Inc. may revoke its extension of credit at any time.**
6. **This application/approval shall apply to all locations of Applicant whether or not listed on this Application and/or approval of this application**

REQUEST FOR CREDIT:

Applicant hereby applies for credit with Innermountain Distributing Company, accepts the terms and conditions of this agreement and verifies the accuracy of the credit information.

Corporation, Partnership, DBA, Individual or Non-profit Organization

BY: _____
(Sign and Print Name)

TITLE: _____

CREDIT PAYMENT GUARANTEE:

The undersigned guarantor personally guarantees to Innermountain Distributing Company, its successors or assign, payment in full of all indebtedness of _____ to Innermountain Distributing Company, whether due, become due, now existing or hereafter arising. Guarantor agrees to pay all interest, attorney's fees, collection costs and court fees as provided in this application and agreement. This guarantee shall continue in full force and effect unless and until Innermountain Distributing Company, releases this guarantee.

(Guarantor Please Sign) HOME PHONE # _____ DATE _____

(Guarantor Please Print) SS# _____

FOR OFFICE USE ONLY

CREDIT APPLICATION REVIEWED AND APPROVED ON _____

Date
INNERMOUNTAIN DISTRIBUTING COMPANY

By: _____

CREDITOR AUTHORIZATION RELEASE FORM

DUE TO THE TIGHTENING OF REGULATIONS IN DIVULGING CREDIT INFORMATION, CREDITORS ARE NOW REQUIRING WRITTEN AUTHORIZATION FROM THEIR CUSTOMERS FOR RELEASE OF ANY INFORMATION IN REGARDS TO THEIR ACCOUNT. WHEN YOU RETURN YOUR COMPLETED CREDIT APPLICATION, PLEASE SIGN AND RETURN THIS AUTHORIZATION.

COMPLETE THE BELOW REQUESTED INFORMATION IN FULL. AREAS LEFT INCOMPLETE MAY CAUSE UNDUE DELAY.

I GIVE MY PERMISSION FOR THE RELEASE OF INFORMATION ABOUT MY ACCOUNT AS REQUESTED ON THE ATTACHED CREDIT LETTER.

COMPANY NAME _____

PRINT NAME _____

SIGNATURE _____

TITLE _____

DATE _____