

OFFICE USE ONLY

Date Filed: _____ Former Cust.# _____ New Cust.# _____



SALES AGREEMENT

AGREEMENT made between Saratoga Liquor Co., Inc., a Wisconsin Corporation engaged in the business of wholesale, distribution and sales of liquor, beer, wine and other products, referred to herein as Saratoga Liquor and the undersigned Customer. Customer MUST provide printed first name, middle initial, last name along with all other requested information for opportunity of terms other than COD CASH only. If information is not complete, terms will be COD CASH until complete information is received.

IT IS HEREBY AGREED AS FOLLOWS:

1. Saratoga Liquor will furnish products to the Customer (license holder). If terms are extended, they shall be thirty (30) days net, (15) days net for Malt, in accordance with state law, or as otherwise agreed to between Saratoga Liquor and Customer, but within state requirements and based on completion of this agreement and Customer credit report.
2. It is understood that the customer shall be responsible and liable for payments of all sums due, regardless of whether his/her/its retail business continues, is sold, or leased. Further, Saratoga Liquor may obtain additional personal or corporate guarantees of customer's primary obligation and liability to Saratoga Liquor to pay all amounts due.
3. Customer shall notify Saratoga Liquor of the sale, lease, or any other conveyance of any interest in customer's retail liquor business five (5) days prior to said change. It is understood that Saratoga Liquor will furnish products only to a valid license holder.
4. Checks or ACH payments returned for non-sufficient funds shall incur a fee of \$50.00. Should Customer fail to pay for any amounts due, Saratoga Liquor may recover from Customer, all costs of collection including reasonable attorney fees.
5. It is understood that any correspondence in connection with this Agreement, shall be delivered to Saratoga Liquor at 3215 James Day Avenue, Superior, Wisconsin 54880, and to the Customer address designated below or at such other address as communicated to Saratoga Liquor by certified mail, return receipt requested.
6. Customer will furnish/attach copies of both the Liquor License as issued by the licensing authority and Sellers Permit as issued by the Wisconsin Department of Revenue.

Legal (License) Name of Company or Individual _____

DBA or Trade Name (if different than above) _____

DELIVERY Address _____

City _____ State _____ Zip Code _____

Business Phone # _____ Email Address _____

Sales Contact Person _____ Cell # _____ Email _____

A/P Contact Person _____ Phone # _____ Email _____

Billing/Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Liquor License # _____ City Township Village of _____

WI Dept of Revenue Seller's Permit # _____ Federal Tax ID # _____

Date Business Opened/Purchased _____

Check One: Sole Proprietorship LLC (Limited Liability Corp) Corporation Partnership

IF BUSINESS IS A SOLE PROPRIETORSHIP, Please complete this section:

If business is a Proprietorship, please complete and sign below. The undersigned is the sole owner of the Proprietorship, and as an individual, guarantees all amounts due to Saratoga Liquor under this Agreement, it being understood that this is a personal guarantee. If married, both spouses must sign.

OWNER'S NAME (print First, M.I., Last) Signature Today's Date

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # Social Security #

SPOUSE'S NAME (print First, M.I., Last) Signature Today's Date

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # Social Security #

IF BUSINESS IS AN LLC, Please complete this section: MANAGER AND AT LEAST ONE MEMBER MUST SIGN

If business is an LLC (Limited Liability Corporation) please fill out and sign below. The undersigned are all shareholders of the corporation, and as individuals, guarantee all amounts due to Saratoga Liquor under this Agreement, it being understood that this is a personal guarantee and is in addition to the promises made by the LLC.

Manager (please print First, M.I., Last) Signature Today's Date

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # (Manager) Social Security # (Manager)

MEMBER (shareholder) please print Signature Today's Date

MEMBER (shareholder) please print Signature Today's Date

MEMBER (shareholder) please print Signature Today's Date

AGENT please print Signature Today's Date

Corporate Bank Name Account Number

Corporate Bank Contact Telephone Number

IF BUSINESS IS A CORPORATION, Please complete this section: PRESIDENT AND AT LEAST ONE OFFICER MUST SIGN

If business is a Corporation, please fill out and sign below. The undersigned are all shareholders of the Corporation, and as individuals, guarantee all amounts due to Saratoga Liquor under this Agreement, it being understood that this is a personal guarantee and is in addition to the promises made by the Corporation.

PRESIDENT (please print First, M.I., Last) _____ Signature _____ Today's Date _____

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # (President) _____ Social Security # (President) _____

VICE-PRESIDENT (please print First, M.I., Last) _____ Signature _____ Today's Date _____

TREASURER (please print First, M.I., Last) _____ Signature _____ Today's Date _____

SECRETARY (please print First, M.I., Last) _____ Signature _____ Today's Date _____

AGENT (please print) _____ Signature _____ Today's Date _____

Corporate Bank Name _____ Account Number _____

Corporate Bank Contact _____ Telephone Number _____

IF BUSINESS IS A PARTNERSHIP, Please complete this section:

If business is a Partnership, please complete and sign below. The undersigned are partners in said partnership, and as individuals, guarantee all amounts due to Saratoga Liquor under this Agreement, it being understood that this is a personal guarantee, and is in addition to the promises made by the Partnership.

PARTNER'S NAME (print First, M.I., Last) _____ Signature _____ Today's Date _____

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # _____ Social Security # _____

PARTNER'S NAME (print First, M.I., Last) _____ Signature _____ Today's Date _____

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # _____ Social Security # _____

PARTNER'S NAME (print First, M.I., Last) _____ Signature _____ Today's Date _____

Birth Date _____ State of Birth _____ County of Birth _____

Driver's License # _____ Social Security # _____

Corporate Bank Name _____ Account Number _____

Corporate Bank Contact _____ Telephone Number _____

LIST THREE BUSINESS CREDIT REFERENCES:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____
Telephone # _____	Telephone # _____	Telephone # _____

GUARANTOR OF ACCOUNT - MUST COMPLETE FOR COD OR TERMS
Please complete the following section

If requesting to be COD please sign and date, print name, birthdate, address, and phone number below. If requesting additional terms beyond COD please also include your social security number and complete the remainder of this page.

- No Guarantor of Account = COD CASH only
- Guarantor of Account but no SS# = COD (checks or ACH accepted)
- Guarantor of Account with SS# = terms based on credit report

The undersigned hereby personally guarantee(s) payment of any obligation of the above applicant including any additional credit extended to the applicant over and above the amount initially requested. The undersigned further consent(s) and authorize(s) Saratoga Liquor Co., Inc. to obtain and review a Credit Report (if social security number is provided).

I/We accept and agree to all terms and conditions set out in this credit application. I/We hereby authorize Saratoga Liquor Co., Inc. to review my/our references and financial responsibilities.

Signature Today's Date Printed Name (print First, M.I., Last)

Social Security # (if seeking terms) Date of Birth Home email address

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Own Rent How long? _____

Current Employer (if other than this business) _____

Have you ever filed bankruptcy? YES NO If so, when _____

Name and address of relative not living with you _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____