



Carolina Wine & Spirits Company Classic Wine Imports, Inc. Commonwealth Wine & Spirits United Liquors, LLC

Credit Application and Personal Guaranty

500 John Hancock Road | Taunton, MA 02780-6958 Tel: 800-862-4585 | Fax: 781.380.6930 Attn: Credit & Collections Department
E-mail: CreditApps@martignetti.com

Please complete two (2) pages and include a copy of your Alcohol License and completed W-9

Legal Entity on License _____		D/B/A _____		
Street Address (No P.O. Box) _____		City/State/Zip _____		
Phone Number _____	Fax Number _____	Manager Name _____	A/P Contact Name _____	A/P Email Address (for e-statements) _____

MONTHLY STATEMENT: (Circle One) YES or NO **MONTHLY STATEMENT AVAILABLE BY E-MAIL ONLY**

ELECTRONIC ACCOUNT ACCESS: (Circle One) YES or NO IF YES, Email Address for User: _____

ELECTRONIC ON LINE PAYMENT ACCESS: (Circle One) YES or NO (IF, YES AN AR SPECIALIST WILL CONTACT YOU FOR SETUP)

CHECK-BY-PHOTO PAYMENT PROCESSING: (Circle One) YES or NO (IF YES, Payment Confirmations to be Sent to User Email Address Above)

DOES YOUR COMPANY USE PURCHASE ORDER NUMBERS WHEN ORDERING: (Circle One) YES or NO

COMPANY PROFILE: (FEDERAL ID OR SOCIAL SECURITY NUMBER REQUIRED BY MASS DOR)
 (Check one): Sole Proprietor Partnership Corporation S Corp. LLC

- Years of business under present ownership: ____ Years in industry: _____
- Does Licensee own another Liquor License? Yes No
- If yes: Name(s) and location(s) _____

- Federal ID Number (for Corporation, LLC, or Partnership): ____ - _____
- or Social Security Number (for Sole Proprietorship): _____ - _____ - _____

OFFICERS OR PRINCIPALS:

_____ Name	_____ Title	_____ Residence	_____ Phone Number
_____ Name	_____ Title	_____ Residence	_____ Phone Number

LICENSE INFORMATION:

License Type: On-premise Off-premise All Alcoholic Beverage Wine/ Malt Only
 Wine/Malt/Cordial Non-Alcoholic Seasonal All Alcoholic Seasonal Wine & Malt

Date Issued _____ New Transfer - If transferred, from whom? _____

CREDIT/TRADE REFERENCES:

_____ Name	_____ Street	_____ City/State/Zip	_____ Phone Number	_____ A/C Number
_____ Name	_____ Street	_____ City/State/Zip	_____ Phone Number	_____ A/C Number

BANK REFERENCE:

_____ Name	_____ Street	_____ City/State/Zip	_____ Phone Number	_____ A/C Number	_____ Bank Official
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Special Delivery Instructions:

I hereby certify that all statements made in this Credit Application are true and correct, and made for the express purpose of obtaining credit. I hereby authorize any parties named above to release credit information to the Martignetti Companies for the purpose of conducting a credit check. In consideration of selling to the licensee, licensee agrees to the following terms:

- ◆ To promptly pay all invoices in full in accordance with the terms of sale.
- ◆ To pay a service charge for late payment, computed at an annual percentage rate of 18% (1.5% per month).
- ◆ To pay a service charge of \$75.00 for each payment returned by a bank for insufficient funds.
- ◆ To pay all costs and reasonable attorney's fees in the event that licensee's account is forwarded to an attorney for collection.
- ◆ The undersigned is authorized to accept these terms and conditions on behalf of the licensee named below.
- ◆ If licensee becomes the subject of a bankruptcy, receivership or other insolvency proceedings, it will be deemed a default of these credit terms.

Executed as a sealed instrument.

Name of Licensee _____ Name (please print) _____

Signature _____ Title _____

GUARANTY

To induce the Martignetti Companies (or any of them) to sell merchandise and extend credit to (or to continue to sell merchandise or to continue to extend credit to) licensee, the undersigned personally and not in a representative capacity hereby guarantees the payment of any indebtedness and other financial obligations which may at any time and from time to time be incurred by the said licensee to the Martignetti Companies (or any of them), and in the event of any default at any time by the said licensee you shall be entitled to look to me immediately for such payment and satisfaction of other financial obligations, without prior demand or notice.

If this guaranty is forwarded to an attorney for enforcement, the undersigned shall pay all reasonable costs of enforcement, including court costs and reasonable attorney's fees. Notice of your acceptance or reliance on this guaranty is waived. This is an absolute guaranty and the Martignetti Companies (or any of them) shall not be required to pursue any legal or equitable remedy against the licensee before enforcing it.

Dated this _____ day of _____ 20____ Social Security Number _____ - _____ - _____

Name (Printed) _____ Guarantor's Signature _____

Residential Address _____
Street City State Zip Code

**** MARTIGNETTI COMPANIES ("THE COMPANY") GENERALLY EXTENDS NET 60 PAYMENT TERMS WHEN THE GUARANTY IS SIGNED, OR NET 30 TERMS IF THE GUARANTY IS NOT SIGNED. HOWEVER, THE COMPANY, AT ITS SOLE DISCRETION, RESERVES THE RIGHT TO REDUCE PAYMENT TERMS AND RESTRICT OPEN CREDIT, REGARDLESS OF THE PRESENCE OF A GUARANTY**

For Office Use Only:

<u>Sales Representative Assignments</u>						
<u>Carolina</u>	<u>Heritage</u>	<u>Classic</u>	<u>Commonwealth</u>	<u>Century</u>	<u>United</u>	<u>Connoisseur</u>
<u>ABCC Number</u>	<u>Account Number</u>		<u>AR Specialist</u>		<u>Credit Terms</u>	
	<u>Chain Code</u>		<u>Credit Limit</u>		<u>Approved By:</u>	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.