Credit Application and Personal Guaranty

100 Browning Street | Stratford, CT 06497 Tel: 203-375-5671 | Fax: 203-375-1381 | Attn: Credit & AR Department
E-mail: creditapps@martignetti.com

Please complete three (3) pages and include a copy of the Alcohol License, completed W-9 and Resale Certificate

_____ _____
Owner/Backer/Legal Entity on License (hereinafter the "Licensee") 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 (for e-statements) Company Website

MONTHLY STATEMENT: ☐ YES or ☐ NO ***MONTHLY STATEMENT AVAILABLE BY E-MAIL ONLY***

PAYMENT METHOD: ☐ ON-LINE PAYMENT ☐ COMPANY CHECK ☐ ACH TRANSFER

ON-LINE ACCOUNT/PAYMENT ACCESS: ☐ YES or ☐ NO **Email Address for User:** _____

DOES YOUR COMPANY USE PURCHASE ORDER NUMBERS WHEN ORDERING: ☐ YES ▪ NO

COMPANY PROFILE: (*FEDERAL ID OR SOCIAL SECURITY NUMBER REQUIRED*)
(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 or ☐ No
- If yes: Name(s) and location(s)_____
  _____
- Federal ID Number (**for Corporation, LLC, or Partnership**): ____-_____
- **CT Resale Tax ID Number: _____**
- OR Social Security Number (**for LLC or Sole Proprietorship**): _____-_____-_____

PERMITTEE, OFFICERS, PRINCIPALS AND BUYERS:

_____
Permittee Name Title Residence Phone Number

_____
Backer Name Title Residence Phone Number

_____
Buyer Name(s) Title E-mail 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

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 understand that Martignetti Companies (and its division Hartley & Parker, referred to hereinafter as "Martignetti Companies") will rely on the information and statements contained herein in evaluating Licensee's creditworthiness. I hereby authorize any parties named above to release credit information to Martignetti Companies for the purpose of conducting a credit check. In consideration of extending credit and selling to Licensee, Licensee agrees to the following:

- 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) on each invoice.
- To pay a service charge of $30.00 for each payment returned by a bank for insufficient funds, stopped payment, or invalid account.
- To pay all costs of collection, including but not limited to, reasonable attorneys' fees, if Licensee's account is placed for collection.
- Licensee will be deemed in default of these terms if it becomes the subject of a bankruptcy, receivership, or insolvency proceedings.
- Licensee does hereby grant to Martignetti Companies a security interest in all goods sold by Martignetti Companies to Licensee, together with the proceeds and products therefrom, to secure payment of any obligations of Licensee to Martignetti Companies. Licensee consents to the execution of any documents necessary to effectuate the security interest granted hereby, including the execution of a UCC-1 financing statement.
- This credit agreement and all sales hereunder shall be governed by the internal laws of Connecticut (without reference to conflict of laws rules). In the event of any court action involving this credit agreement or any transactions or extension of credit hereafter, Licensee and Martignetti Companies expressly agree that the venue of said action(s) shall be exclusively with the courts of competent jurisdiction in the State of Connecticut.

The undersigned represents and warrants that they are authorized to accept these terms and conditions on behalf of the Licensee.

Executed as a sealed instrument, this _____ day of _____, 20_____

Name of Licensee_____ Name (please print) _____

Signature_____ Title_____

GUARANTY

In consideration of and as an inducement to Martignetti Companies to sell merchandise and extend credit to, or to continue to sell merchandise or to continue to extend credit to the Licensee, the undersigned personally, and not in a representative capacity, hereby guarantees the prompt and timely payment of any indebtedness and other financial obligations of Licensee, which may at any time, and from time to time, be incurred by said Licensee to Martignetti Companies. In the event of any default at any time by Licensee, Martignetti Companies shall be entitled to look to me, the undersigned, immediately for such payment and satisfaction of all indebtedness and financial obligations, without prior demand or notice.

If this guaranty is forwarded to an attorney for enforcement, the undersigned agrees to indemnify and pay to Martignetti Companies all of its costs of collection, including but not limited to, court costs and reasonable attorneys' fees. I hereby consent to the exclusive jurisdiction of the Courts of the State of Connecticut. I understand that notice of my acceptance or any reliance on this guaranty is waived. I also understand and agree that this is an absolute and continuing guaranty, and Martignetti Companies shall not be required to pursue any legal or equitable remedy against the Licensee before enforcing it against me, the undersigned.

Executed as a sealed instrument, this _____ day of _____, 20_____

Name (Printed)_____ Guarantor's Signature _____

Residential Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Social Security Number _____-_____-_____

**** MARTIGNETTI COMPANIES ("THE COMPANY") GENERALLY EXTENDS NET 30 PAYMENT TERMS WHEN THE GUARANTY IS 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:

Sales Representative Assignment & Additional Information

Martignetti Companies Rep	Back Orders Accepted (Yes/No)	Requested Delivery Times	Type of Cuisine	Fine Dining/Casual

License Number	Account Number	AR Specialist	Credit Terms
	Chain Code	Credit Limit	Approved By:

Martignetti Companies

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

045-64-9512

or

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 for Part II, later.

Sign Here **Signature of U.S. person** ► **Date** ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Martignetti Companies

Credit Department use only: Date Received: _____ Entered by: _____

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller): **Address:**

_____ _____

I certify that Name of Firm (Buyer) is engaged as a registered

_____

Street Address or P.O. Box No.

_____

City State Zip

_____

- ☐ Whlolesaler
- ☐ Retailer
- ☐ Manufacturer
- ☐ Lessor
- ☐ Other (specify)_____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or State	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or State	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or State	State Registration or I.D. No.	City or State	State Registration or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature _____
(Owner. Partner or Corporate Officer) *(Title)* *(Date)*