



JOHNSON BROTHERS OF NORTH DAKOTA

# CREDIT APPLICATION

1358 39<sup>TH</sup> ST NW • PO BOX 9095 • Fargo, ND 58102 • (701) 282-4660 • Fax (701) 282-8869 • creditnd@johnsonbrothers.com

*This form is filed in our confidential credit file and used only in establishing credit with our company.*

**Licensed as:** \_\_\_\_\_ **Established:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**County of:** \_\_\_\_\_ **License Applied at (City / Village / Town of):** \_\_\_\_\_

**Business Type:** Corporation    LLC    Partnership    Sole Proprietorship    **Fed ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PRINCIPLE OWNERS OR STOCKHOLDERS:**

NAME	TITLE	HOME ADDRESS	PHONE #	SOCIAL SEC. #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**TRADE REFERENCES:**

NAME	TITLE	ADDRESS	PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Bank Name:** \_\_\_\_\_ **Bank Phone:** \_\_\_\_\_

**Bank Officer:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Other Locations:** \_\_\_\_\_

TERMS: Net 30 days. FOB Shipping Point

Customer agrees that delinquent balances on invoices over 60 days old will carry interest at a rate of 1.5% per month, and further agrees to pay all costs of collection, including Attorney's fees. There is a \$25 (or maximum allowed by law) charge for returned checks.

Customer expressly agrees that the forum for any litigation pursuant to this agreement or any other contract between Seller and Customer, whether Seller or Customer brings suit, shall be the state of federal courts located in Cass County, North Dakota and Customer consents and submits to the venue and jurisdiction of said courts. This agreement shall be governed by and construed in accordance with the laws of North Dakota.

Customer shall make a careful inspection at time of delivery. Failure to give written notice within ten (10) days of delivery shall constitute unqualified acceptance of the merchandise delivered and a waiver of all claims. No returned product will be accepted without prior approval. Restock fees apply.

**To the best of my knowledge, the above information is true in fact as of this date:** \_\_\_\_\_

**Signed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

This signature gives permission to Johnson Brothers Liquor Company, or their agent, to verify any or all information listed on this form.

PLEASE ATTACH SEPARATE FINANCIAL STATEMENT OF ASSETS AND LIABILITIES



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**GUARANTY OF CUSTOMER ACCOUNT:**

**Customer #:** \_\_\_\_\_

\_\_\_\_\_  
*Full Legal Name of Business*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

**This Letter will confirm our understanding:**

To induce Johnson Brothers Liquor Company, Phillips Wine & Spirits, Wine Merchants and their various divisions, subsidiaries, parents, affiliates and related businesses to sell merchandise and extend credit to the Customer above-named, I/we hereby unconditionally guarantee the prompt and full payment when due of any and all indebtedness that the Customer may owe you from time to time arising from your sale or delivery of merchandise to the Customer. I/we will also pay you any collection expenses and reasonable attorney's fees you may incur due to the Customer's default or to enforce this guaranty. I/we agree that these obligations may not be offset by any claim or counterclaim the Customer may have against you, or by any potential contribution from another guarantor. You may enforce this guaranty either before or after proceeding against the Customer.

This guaranty is continuing, absolute and unconditional, and I/we can revoke it only by giving you my/our termination notice in writing (verbal notice is insufficient). My/our guaranty will still cover any transactions that occur before you actually receive such written notice.

I/we hereby waive notice of acceptance, demand, protest, dishonor, default or non-payment, orders, sales and deliveries, and extensions of credit. My/our obligations under this guaranty will be joint and several, and not be affected by any settlements, compromises, releases, adjustments, or other transactions involving you and the Customer. I/we agree that you may bring any suit to enforce this guaranty in the state or federal courts located in Cass County, North Dakota, and I/we consent to the venue and jurisdiction of said courts.

I/we understand that this is a legal agreement, and agree to be bound by its terms.

**WITNESSED:**

\_\_\_\_\_

**Sign Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

GUARANTOR 1

**DATED:**

\_\_\_\_\_

**Sign Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

GUARANTOR 2

**Purchaser:** Complete this certificate and **give it to the seller.**

**Seller:** If this certificate is not fully completed, you must charge sales tax. Keep this certificate for your records.

This is a multi-state form. Not all states allow all exemptions listed on this form. **Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale.** The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the Multi-state Supplemental form.  
  If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2.  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

**3. Please print**

Name of purchaser _____				
Business address _____		City _____	State _____	Zip code _____
Purchaser's tax ID number _____		State of issue _____	Country of issue _____	
If no tax ID number Enter one of the following:	FEIN _____	Driver's license number/state issue ID number State of issue: _____ Number _____	Foreign diplomat number _____	
Name of seller from whom you are purchasing, leasing or renting _____				
Seller's address _____		City _____	State _____	Zip code _____

**4. Type of business.** Check the box that describes your business.

- |                                                                     |                                                             |
|---------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Accommodation and food services            | <input type="checkbox"/> Transportation and warehousing     |
| <input type="checkbox"/> Agricultural, forestry, fishing, hunting   | <input type="checkbox"/> Utilities                          |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Wholesale trade                    |
| <input type="checkbox"/> Finance and insurance                      | <input type="checkbox"/> Business services                  |
| <input type="checkbox"/> Information, publishing and communications | <input type="checkbox"/> Professional services              |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Education and health-care services |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Nonprofit organization             |
| <input type="checkbox"/> Real estate                                | <input type="checkbox"/> Government                         |
| <input type="checkbox"/> Rental and leasing                         | <input type="checkbox"/> Not a business                     |
| <input type="checkbox"/> Retail trade                               | <input type="checkbox"/> Other ( <i>explain</i> ) _____     |

**5. Reason for exemption.** Check the box that identifies the reason for the exemption.

- |                                                                          |                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Federal government ( <i>department</i> ) _____  | <input type="checkbox"/> Agricultural production # _____             |
| <input type="checkbox"/> State or local government ( <i>name</i> ) _____ | <input type="checkbox"/> Industrial production/manufacturing # _____ |
| <input type="checkbox"/> Tribal government ( <i>name</i> ) _____         | <input type="checkbox"/> Direct pay permit # _____                   |
| <input type="checkbox"/> Foreign diplomat # _____                        | <input type="checkbox"/> Direct mail # _____                         |
| <input type="checkbox"/> Charitable organization # _____                 | <input type="checkbox"/> Other ( <i>explain</i> ) _____              |
| <input type="checkbox"/> Religious or educational organization # _____   |                                                                      |
| <input type="checkbox"/> Resale # _____                                  |                                                                      |

**6. Sign here.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

<b>Signature of Authorized Purchaser</b>	<b>Print Name Here</b>	<b>Title</b>	<b>Date</b>

Name of Purchaser

STATE	Reason for Exemption	Identification Number (If Required)
AR		
IA		
IN		
KS		
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
OK		
RI		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY		

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.


# AUTO BILL PAY

SAVE TIME.  
SAVE MONEY.

## Three Options:

### **AUTO BILL PAY**

- Funds withdrawn **on invoice due date**, not before. You can still take full advantage of your terms. [COD funds drawn next business day].
- Notified via e-mail 7 days before the invoice will be debited from your account.
- Credits given along with invoice debits.

### **onEpay**

- Invoices are consolidated into one weekly payment.
- Funds drawn each Tuesday after the due date.
- Notified via e-mail 7 days before the invoice will be debited from your account.
- Credits given along with invoice debits.

### **COD ONLY**

- Pay only for COD delivery invoices. Terms invoices can still be paid by traditional check.
- Funds drawn next business day.

## Benefits

- Buy yourself time
- COD delivery payments are automated versus hand writing checks
- Save Money
- Stay Current
- Administered by Johnson Brothers
- Free Service
- Safe & Flexible

## Sign Up Today!

- Enrollment is attached
- Questions? Contact our Credit Department at [651] 695-3540 or ACH@johnsonbrothers.com

## Auto Bill Pay Enrollment

Johnson Brothers | Wine Merchants | Phillips Wine & Spirits | Artisan Beer Company

I, \_\_\_\_\_, hereby authorize Johnson Brothers, its subsidiaries and affiliates, to effect payment for charges on my account as such amounts become due by initiating debit entries in the form of electronic funds transfers to my bank account maintained at the financial institution named below.

### **Original must be mailed to:**

Attn: Credit Department, Johnson Brothers  
1999 Shepard Road, St. Paul, MN 55116

To expedite, you may also fax to [651] 637-3240 or email to ACH@johnsonbrothers.com

## Customer Business Information

DBA Name: \_\_\_\_\_

Cust Account #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

\_\_\_\_\_

Payment Options: [Select One]

**Auto Bill Pay** - Funds Drawn on Due Date

**onEpay** - Weekly Consolidated Payment  
Funds Drawn Each Tuesday

**COD Only** - Funds Drawn Next Business Day  
for COD Invoices Only

Contact Name: \_\_\_\_\_

### Contact E-Mail Address:

[Auto Bill Pay draw notifications will be sent to this address] \_\_\_\_\_

## Customer Banking Information

Account Name: \_\_\_\_\_

Account Type: [Select One]

Checking

Savings

Bank Name: \_\_\_\_\_

Bank City: \_\_\_\_\_

\_\_\_\_\_  
Authorized Bank Account Signer [Signature]

Bank ABA [Routing] #: \_\_\_\_\_

\_\_\_\_\_  
Authorized Bank Account Signer [Print Name]

Account #: \_\_\_\_\_

\_\_\_\_\_  
Date

# ELECTRONIC STATEMENTS

Want to receive your statements **ELECTRONICALLY** instead of dealing with paper?

## Sign Up

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**Owner E-Mail Address:** \_\_\_\_\_  
(Required)

**Manager E-Mail Address:** \_\_\_\_\_  
(Optional)

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**Questions?** Need Help? Call Fred Richards at [651] 637-3343. He'll be happy to help!