

BROWN DISTRIBUTING CORP.
18 COMMERCE ROAD FAIRFIELD, N.J. 07004
973-227-7933 FAX 973-227-7840

CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX# _____ CELL# _____ PAGER# _____

EMAIL ADDRESS _____ IN BUSINESS SINCE: MONTH _____ YEAR _____

() SOLE PROPRIETOR () PARTNERSHIP () L.L.C. () CORPORATION

PRINCIPAL OWNERS OR STOCKHOLDERS:

1ST PRINCIPAL _____ SS # _____ TITLE _____

SPOUSE _____ SS # _____ HOME PHONE _____

HOME ADDRESS _____ STATE _____ ZIP CODE _____

2ND PRINCIPAL _____ SS # _____ TITLE _____

SPOUSE _____ SS # _____ HOME PHONE _____

HOME ADDRESS _____ STATE _____ ZIP CODE _____

3RD PRINCIPAL _____ SS # _____ TITLE _____

SPOUSE _____ SS # _____ HOME PHONE _____

HOME ADDRESS _____ STATE _____ ZIP CODE _____

ANY BANKRUPTCIES, JUDGEMENTS, LIENS OR SUITS AGAINST YOU OR YOUR COMPANY _____

BANK REFERENCES:

BANK NAME _____ BANK OFFICER'S NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

MATERIAL SUPPLIERS:

1. NAME _____ PHONE _____

ADDRESS, CITY _____ FAX _____

2. NAME _____ PHONE _____

ADDRESS, CITY _____ FAX _____

3. NAME _____ PHONE _____

ADDRESS, CITY _____ FAX _____

SIGNATURES REQUIRED ON PAGE 2

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GUARANTY

In Consideration of the credit to be granted from **Brown Distributing Corp.**

TO: _____

I HEREBY GUARANTY, ABSOLUTELY AND UNCONDITIONAL, THE PAYMENT OF ALL INDEBTEDNESS WHICH SHALL HEREAFTER BE DUE AND OWING FROM:

TO Brown Distributing Corp.

I HEREBY WAIVE NOTICE OF ACCEPTANCE, NOTICE OF EXTENSION OF CREDIT

TO: _____,
NOTICE OF DEFAULT, NOTICE OF NON-PAYMENT, NOTICE OF DEMAND FOR PERFORMANCE, AND NOTICE OF EVERY OTHER KIND.

I UNDERSTAND THAT BY SIGNING BELOW, REGARDLESS OF ANY REPRESENTATIVE CAPACITY INDICATED, I AM AGREEING TO BE PERSONALLY LIABLE FOR THE DEBTS

OF: _____.

Print Name: _____ **Signature:** _____

Witness print name: _____ **Signature:** _____

DATE: _____

Print Name: _____ **Signature:** _____

Witness print name: _____ **Signature:** _____

DATE: _____