



Dear Customer,

Crush2Cellar thanks you for your interest and looks forward to being of service to you.

Enclosed is our credit application. Please be sure to include ALL mailing addresses and account numbers (especially for bank accounts).

Banks will NOT release information without an account number and a signature from the authorized signer on your bank account.

This will help expedite matters so we can establish an open account for you and a credit limit. All orders will be shipped COD until an open account has been established.

Thank You,

Credit Department
Crush2Cellar

APPLICATION FOR CREDIT

FROM: _____ DBA _____
LEGAL NAME TRADE NAME

BILLING ADDRESS

SHIPPING ADDRESS

TEL. NO. () _____ FAX. NO. () _____ EMAIL _____

AP TEL. NO. () _____ AP FAX. NO. () _____ AP EMAIL _____

EMAIL INVOICES? NO YES, EMAIL TO AP EMAIL ADDRESS YES, EMAIL TO _____

EMAIL STATEMENTS? NO YES, EMAIL TO AP EMAIL ADDRESS YES, EMAIL TO _____

SOLE OWNERSHIP _____, PARTNERSHIP _____, CORPORATION _____, LLC _____.

OWNER, PARTNERS, OFFICERS NAME AND TITLE	%INTEREST IN BUSINESS	PERSONAL NET WORTH OUTSIDE OF BUSINESS
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

To facilitate our (my) request for a \$ _____ line of credit, we (I) certify this application to be true and correct and that any obligations made in the d.b.a. or the legal name will be equally binding. We (I) authorize the banks and references to give full credit information to facilitate this application.

PRIMARY BANK ADDRESS

PHONE/FAX # ACCT. # (REQUIRED)

PLEASE GIVE COMPLETE MAILING ADDRESSES AND PHONE/FAX NUMBERS OF REFERENCES, PREFERABLY INDUSTRY (WINE, BREWERY, OR DISTILLERY) CONSUMABLE GOODS THAT EXTEND YOU CREDIT. DO NOT LIST COD, CREDIT CARD ACCOUNTS OR LEASING COMPANIES AS REFERENCES.

1) _____ TRADE REFERENCE	2) _____ TRADE REFERENCE	3) _____ TRADE REFERENCE
_____ STREET ADDRESS	_____ STREET ADDRESS	_____ STREET ADDRESS
_____ CITY / STATE / ZIP	_____ CITY / STATE / ZIP	_____ CITY / STATE / ZIP
_____ PHONE NUMBER	_____ PHONE NUMBER	_____ PHONE NUMBER
_____ FAX NUMBER	_____ FAX NUMBER	_____ FAX NUMBER

In consideration for extension of credit, we (I) promise to pay in accordance with Crush2Cellar terms. We (I) agree to pay service charges of 1 ½% per month on any unpaid balance. We (I) agree to repay Scott Laboratories, Inc. for any attorney's fees, court costs or other costs expended by it to effect collection.

SIGNED _____ BY _____
(AUTHORIZED SIGNATURE ON BANK ACCT) (PRINTED NAME)

TITLE _____ ON _____
(DATE)

FIRM NAME _____

ADDRESS _____

Continuing Personal Guarantee

Date: _____

In consideration for the extension of credit to _____,
(Company name)

I (we) personally guarantee full and prompt payment of any indebtedness owed to
Crush2Cellar, Inc. by said _____ up to a maximum of
(Owners name)

\$_____ plus a service charge of 1 ½% per month from date due to date of payment.
I (we) also guarantee prompt repayment to Crush2Cellar of any attorney fees, court, or other
costs expended by it to affect collection, provided that I (we) have been advised by letter,
mailed to the address below, of intention to make such expenditures.

Oregon courts would have jurisdiction over any other courts in any matter relating to this
continuing personal guarantee.

This agreement shall be governed and construed by, and in accordance with, the laws of the
state of Oregon.

Name: _____
(printed) (signature)

*Name: _____
(printed) (signature)

Witness Name: _____
(printed) (signature)

ADDRESS: _____

** Where joint or community property is held, both signatures are necessary.*