



5900 Packer Drive NE \* Menomonie, WI 54751  
\* (715) 235-5820 \* Fax (715) 235-4150 \*

Dear Business Partner:

Thank you for starting a business relationship with Bill's Distributing Ltd. We hope this will be the start of a long and lasting endeavor for all concerned.

Attached are a few forms we will need to have on file before we can begin our business relationship:

- **Wisconsin Resale Certificate** - (We need this on file or we will be required by the State of Wisconsin to charge you sales tax on your purchases).
- **Credit Application & Personal Guarantee** - (We need these on file before we can extend credit to your business, if we do not receive these forms we will have to deliver on a COD basis).

If credit is extended it would be for one week (**7 days**) for a period of 12 months.

Successful 12 month credit applicants may receive extended credit not to exceed the Wisconsin Alcohol Credit Law, sec. 125.33. **This statute states that all beer invoices must be paid in full by the 15th day.** No retailer in violation of the W.A.C.L. may purchase beer from any other wholesaler and is prohibited from renewing their retail license.

We have highlighted the areas that need to be filled in. If you have any questions on this information or anything else, please contact me at your earliest convenience.

Thank you again for your patronage.

Sincerely,

Jason Stanislowski, Business Manager  
Bill's Distributing Ltd.  
1-800-924-BREW



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# Credit Application

Applicant's Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

LLC \_\_\_\_\_

LLP \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please Indicate Principal's Personal Information:

Name

Address

Telephone # / Email

\_\_\_\_\_

\_\_\_\_\_

Building: Owned \_\_\_\_\_  
Leased \_\_\_\_\_

Fixtures: Owned \_\_\_\_\_  
Leased \_\_\_\_\_

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

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

Business References: 1) Business Name: \_\_\_\_\_  
1) Business Address: \_\_\_\_\_  
1) Business Contact: \_\_\_\_\_  
1) Business Telephone #: \_\_\_\_\_  
2) Business Name: \_\_\_\_\_  
2) Business Address: \_\_\_\_\_  
2) Business Contact: \_\_\_\_\_  
2) Business Telephone #: \_\_\_\_\_

The applicant agrees that if credit is extended it would be for one week (7 days) for a period of 12 months. Successful 12 month credit applicants may receive extended credit not to exceed the Wisconsin Alcohol Credit Law, sec. 125.33. **This statute states that all beer invoices must be paid in full by the 15th day.** No retailer in violation of the W.A.C.L. may purchase beer from any other wholesaler and is prohibited from renewing their retail license.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title



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**Personal Guarantee**

**To: Bill's Distributing Ltd.,**

In consideration of the extension of credit granted by Bill's Distributing Ltd., to \_\_\_\_\_ (**customer business name**), I hereby personally, individually and unconditionally guarantee payment of whatever amount, which at any time shall be owing to Bill's Distributing Ltd., on account of goods delivered, after the date hereof. This is a continuing guarantee relating to any indebtedness, including that arising under successive transactions, which shall either continue to indebtedness or from time to time renew it after it has been satisfied. This guarantee shall be perpetual as to any indebtedness incurred before written notice is received by Bill's Distributing Ltd that I am unwilling to guarantee any additional indebtedness on this account.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Individual**

\_\_\_\_\_  
**Signature of Individual**

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

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Phone #**