



CUSTOMER PROFILE FORM / BUSINESS CREDIT APPLICATION

UNITED STATES CUSTOMERS

(September 2022)

TERMS REQUESTED (check one)	
<input type="checkbox"/>	Prepaid - Payable via check, wire transfer or credit card (Visa & Mastercard) upon placing orders, being released for shipment after payment processing is complete.
<input type="checkbox"/>	Auto-Bill/Credit Card - Upon placing orders, request "Auto-Bill" option for credit card (Visa & Mastercard) to be uploaded. Moving forward, all orders placed that day will be instantly released and automatically charged to credit card on file later that evening.
<input type="checkbox"/>	Net 30 Days - Credit Line Requested = \$ <i>(Note: Credit card payments are not accepted on accounts with N30 terms)</i>

COMPANY INFORMATION

Legal Entity Name		Trade Name/DBA (if different)	
Business Structure (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			Years In Business

OWNERS/PRINCIPALS

Name	Title	Phone	
Home Address	City	State	ZIP Code
Name	Title	Phone	
Home Address	City	State	ZIP Code

BUSINESS INFORMATION

Physical Address of Business	City	State	ZIP Code
Phone	Website		

BUSINESS CREDENTIALS

Federal Tax ID #	Tax-Exemption Certification, if applicable <i>(copy required with application)</i>
Federal TTB Brewer's Notice - Required for breweries <i>(copy required with application)</i>	
TTB Distilled Spirits or Wine Permit - Required for distillery, winery, cidery or meadery <i>(copy required with application)</i>	
Reseller's Permit, if applicable - Required for retailers <i>(copy required with application)</i>	

BARRELAGE INFORMATION (Beer Producers Only – if not applicable, skip to Billing Information section.)

Brewery System Size: # of Tanks:	# of Barrels Per Tank:	Annual Barrelage:
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BILLING INFORMATION

Bill To Address	City	State	ZIP Code
Name of Accounts Payable Contact		Position/Title	
Phone	Email Address		

INVOICING & STATEMENT INFORMATION (Invoices & Statements sent via email)

Email Address #1 for Invoices (Required)	Email Address #2 for Invoices (Optional)
Email Address #1 for Statements (Required if different from Invoices)	Email Address #1 for Statements (Optional)

AUTHORIZED BUYERS (Authorized individuals allowed to place orders on account)

NAME	TITLE	EMAIL ADDRESS
1.		
2.		
3.		

SHIPPING INFORMATION (If multiple ship to addresses, please attach separately.)

Ship To Address	City	State	ZIP Code
Name of Purchasing Contact		Position/Title	
Phone	Email Address		

TRADE REFERENCES (Optional)

Reference #1 - Business Name	Email Address
Phone	FAX
Reference #2 - Business Name	Email Address
Phone	FAX

I am authorized in my capacity to bind the above listed Company accordingly. The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. The terms and conditions of this Application shall, upon extensions of credit by Canada Malting Company, The Country Malt Group, and Great Western Malting (hereinafter referred to as the "Creditors"), constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application. The payment for all sales of goods or services will be according to the terms stated on the Creditors' invoice(s). The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, the Creditors may impose a late charge of two percent per month on the delinquent balance until paid. In the event of a delinquency, all collection expenses, including collection agency fees and costs, attorney's fees, and any court costs incurred in connection with the collection of the debt shall be due and payable by the Applicant.

Authorized Signature (Required) _____ Printed Name _____ Title _____ Date _____

Please sign above. Must be actual handwritten signature. Digital, electronic or stamped signatures are not accepted. Unsigned applications will not be processed.

Personal Guarantee: For and in consideration of your extending credit at my request to the above listed Company, I hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof, and consent to any modifications or renewal of the credit agreement hereby guaranteed.

Authorized Signature (Required) _____ Printed Name _____ Social Security # _____ Date _____

Please sign above. Must be actual handwritten signature. Digital, electronic or stamped signatures are not accepted. Unsigned applications will not be processed.

Return complete & signed form to newaccts@gwmalt.com

Processing of applications takes one to three business days, so please submit your application well in advance of needing to place an order for products. Incomplete or illegible forms will be returned for completion in order to process.