Complete all applicable fields. Use the secure return method provided by AMBEV; do not send completed forms containing sensitive information

Application date

1. Company Information

Full legal business name | **Phone number** | **Fax number**

Doing business as (DBA)

Business address | **City** | **State** | **ZIP**

Billing address (if different) | **City** | **State** | **ZIP**

Accounts payable contact | **Phone / extension** | **AP email**

Company type

☐ Proprietorship ☐ Partnership ☐ Franchisee ☐ Corporation ☐ Other

Other company type

List branch or affiliate store operations on a separate sheet if needed.

2. Business Credit Information

Federal tax ID (if incorporated) | **Principal business of firm** | **Year established** | **At present location since**

Is business incorporated? If yes, state of incorporation | **Credit line requested** | **Terms requested**

3. Bank Reference

Bank name _____ **Account number** _____ **Bank contact** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Phone number _____

4. Credit References

Reference 1 company name _____ **Account number** _____ **Contact** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Phone number _____

Reference 2 company name _____ **Account number** _____ **Contact** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Phone number _____

5. Proprietor Authorization

By signing this Application, I authorize American Beverage Systems or its agent to investigate my personal credit and financial records, including my banking records. I authorize American Beverage Systems to request and obtain consumer credit reports in connection with the opening, monitoring, renewal, and extension of this and other accounts with American Beverage Systems and the marketing of other products and services to me and my business by American Beverage Systems. I further authorize American Beverage Systems to share information received from my consumer credit report with its parent, subsidiaries, and affiliates, and others if applicable.

First name | **MI** | **Last name** | **Social Security number**

Present home address | **Phone**

City | **State** | **ZIP**

Type your name to acknowledge | **Date** | **Digital signature (if supported by your PDF read**

First name | **MI** | **Last name** | **Social Security number**

Present home address | **Phone**

City | **State** | **ZIP**

Type your name to acknowledge | **Date** | **Digital signature (if supported by your PDF read**

6. Proprietor Guaranty

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all terms and make all payments required by the agreement of which this Application is a part.

Guarantor name | **Date** | **Digital signature**