

GINO PINTO, INC.

373 S. WHITE HORSE PIKE HAMMONTON, NJ 08037

TEL. (609) 561-8199 FAX (609) 561-3429

E-MAIL ADDRESS: makewine@comcast.net

INFORMATION SHEET

PLEASE PRINT CLEARLY

NAME OF
BUSINESS: _____

EIN# : _____

BILLING
ADDRESS: _____

SHIPPING
ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

HOME TELEPHONE: _____

WEB SITE ADDRESS: _____

E-MAIL ADDRESS: _____

<u>OFFICERS</u>	<u>SOCIAL SECURITY #</u>	<u>TITLE</u>	<u>DAYTIME TELEPHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCOUNTS PAYABLE CONTACT: _____

PURCHASING AGENT: _____

TYPE OF BUSINESS: _____ NUMBER OF YEARS: _____

PRODUCTS SOLD: _____

NAME OF OWNER: _____

SOCIAL SECURITY NUMBER: _____

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE OUR BANK(S) AND TRADE REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH GINO PINTO, INC.

FIRM NAME: _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
TELEPHONE NUMBER: _____

BANKING INFORMATION

BANK NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ TELEPHONE: _____

BUSINESS TRADE REFERENCES (INCLUDE ACCOUNT NUMBER AND TELEPHONE):

- 1.) _____ ACCT# _____ TELEPHONE _____
- 2.) _____ ACCT# _____ TELEPHONE _____
- 3.) _____ ACCT# _____ TELEPHONE _____

APPLICANT GUARANTEES THAT ALL GOODS FROM GINO PINTO, INC. WILL BE PURCHASED FOR RESALE TO THE GENERAL PUBLIC FROM A COMMERCIAL LOCATION AND ATTESTS THAT ANY AND ALL APPLICABLE SALES TAX FEES WILL BE PAID. PLEASE ATTACH A COPY OF YOUR STATE RETAIL TAX NUMBER. TAX ID NUMBER: _____

PLEASE ATTACH A COPY OF YOUR BUSINESS LICENSE. IF ANY OF THE INFORMATION REQUESTED IS NOT AVAILABLE, THIS APPLICATION WILL BE WITHDRAWN.

APPLICANT HEREBY REQUESTS CREDIT LINE UNDER THE FOLLOWING TERMS AS STATED IN THE MOST RECENT CATALOG, SUBJECT TO FINANCE CHARGES OF 1 ½% PER MONTH FOR ALL PAST DUE AMOUNTS.

WE WILL RESERVE THE RIGHT TO TERMINATE DISTRIBUTION IF ANY INFORMATION ON THIS FORM AT ANY FUTURE DATE IS FOUND TO BE INCORRECT OR MISREPRESENTED. WE RESERVE THE RIGHT TO REVIEW ANY CHANGE OF BUSINESS OR LOCATION INFORMATION AT WHICH TIME WE MAY REFUSE FURTHER DISTRIBUTION OF OUR PRODUCT.

FOR OFFICE USE ONLY:

APPROVAL: _____ **DATE:** _____ **LIMIT** _____

ACCEPTANCE OF TERMS/GUARANTY OF PAYMENT

UNDER TERMS STATED WITH GINO PINTO, INC., I/WE GUARANTEE PAYMENT OF ANY DEBTS INCURRED HEREUNDER. AMOUNTS QUOTED ON INVOICED AND MONTHLY STATEMENTS SENT BY THE CREDITOR TO THE CUSTOMER ARE BINDING, UNLESS THE CUSTOMER OBJECTS TO GOODS RECEIVED WITHIN A 30 DAY PERIOD. IN EVENT THE CREDITOR HAS TO APPLY COLLECTION PROCEEDINGS, THE CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEYS FEES INCURRED. IF THIS IS A FAXED REPRODUCTION, IT IS ALSO CONSIDERED AN ORIGINAL DOCUMENT.

CORPORATIONS: (IF INCORPORATED FOR LESS THAN 3 YEARS, WE REQUIRE A PERSONAL GUARANTOR AS WELL – PROOF OF CORPORATION REQUIRED)

NAME:
(PLEASE PRINT): _____ TITLE: _____
SIGNATURE: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY, STATE, ZIP: _____

NAME:
(PLEASE PRINT): _____ TITLE: _____
SIGNATURE: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY, STATE ZIP: _____

NAME:
(PLEASE PRINT): _____ TITLE: _____
SIGNATURE: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY, STATE, ZIP: _____

PERSONAL GUARANTORS: (SOLE PROPRIETORSHIP, PARTNERSHIPS, CORPORATE GUARANTORS, ETC.)

NAME:
(PLEASE PRINT): _____ TITLE: _____
SIGNATURE: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY, STATE, ZIP: _____

NAME:
(PLEASE PRINT): _____ TITLE: _____
SIGNATURE: _____
HOME ADDRESS: _____ HOME PHONE: _____
CITY, STATE, ZIP: _____