

CUSTOMER DATA SHEET

Legal Company Name: _____

KEGS OWNED: _____ **KEGS in FLOAT:** _____ **YEARS IN BUSINESS:** _____

Physical Address: _____

Billing Address: _____

Phone: () _____ Cell: () _____ Fax: () _____

Email: _____ Website: _____

Federal ID# _____ Tax Exemption # _____

Principal Owners or Officers:

(1) _____ Title: _____

(1) _____ Title: _____

(1) _____ Title: _____

Bank Contact that is familiar with your company and your banking relationship:

Bank Name	Address	City	State	Zip
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Bank Officer	() _____	() _____
	Phone Number	Fax Number

Credit References:	() _____	() _____
Company Name	Phone Number	Fax Number
Company Name	() _____	() _____
	Phone Number	Fax Number

Two Personal Credit References Required:

For example: family member, business associate, assistant, etc. (someone that knows your whereabouts)

() _____	() _____	() _____
Name	Phone Number	Email

() _____	() _____	() _____
Name	Phone Number	Email

This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and credit references listed in this Credit Application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature	Type/Print Name
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Title	Date
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