

# SLOCUM & SONS

IMPORTERS & PURVEYORS OF FINE WINES & SPIRITS

30 Corporate Drive • North Haven, CT 06473 • (203) 239.8000 • FAX (203) 239.9979 • www.slocumandsons.com

## CREDIT APPLICATION & PERSONAL GUARANTY

**Company Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
**Any DBA's:** \_\_\_\_\_ **Permittee Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Permit Ex. Date #:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **State Issued From:** \_\_\_\_\_  
**Business Hours:** \_\_\_\_\_ **Delivery Instructions:** \_\_\_\_\_

### Bank Reference:

**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

### Trade Reference:

**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Products Purchased:** \_\_\_\_\_

### Trade Reference:

**Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Products Purchased:** \_\_\_\_\_

*This application represents that the above information, to the best of the applicant's knowledge is accurate and authorizes the seller to verify information by use of credit agencies and/or references listed. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with Slocum's policy, Slocum's terms are 30 days from invoice date, and Slocum may suspend terms in the event of past due accounts. The applicant agrees that they shall be liable for all collection costs and reasonable attorney's fees incurred by Slocum in the event of a failure to pay invoices in accordance with Slocum's terms and policy.*

*This applicant acknowledges and agrees that a Personal Guaranty is required for Slocum to extent open credit terms*

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this application for our records and return it to my attention. Thank You.

**Lisa D'Orlando | Credit Manager**

**Slocum & Sons | 30 Corporate Drive, North Haven, CT 06473**

**Main Office: 203-239-8000 | Direct: 203-234-6436 | Fax: 203-239-9979**

**accountsreceivable@slocumandsons.com**

{N5181441}

**PERSONAL GUARANTY AND WAIVER OF NOTICE AND HEARING  
PERSUANT TO CONNECTICUT GENERAL STATUTES 52-278F**

In consideration of the extension of credit and opening an account in the name of Company by Slocum & Sons. I, the undersigned, hereby individually guaranty all payment obligations of the Company on the account and agree to be bound by the terms and conditions of the credit application. I shall continue to be so obligated until such time as I receive a release of personal liability in writing from Slocum & Sons. This obligation shall be my personal obligation, jointly and severally with the Company and any person and/or entity that is also legally obligated. I agree that my personal obligations under this guaranty shall also include all collection costs and reasonable attorneys fees incurred by Slocum & Sons in enforcing this guaranty. I hereby voluntarily and knowingly waive my right to notice and a hearing under sections 52-278a through 52-278g inclusive of the Connecticut General Statutes so that in any action upon this commercial transaction commenced by Slocum & Sons against me, Slocum & Sons may obtain an ex parte prejudgment remedy (e.g., attachment, garnishment and/or replevy) as provided in said statutes. I have had the opportunity to review this guaranty with competent legal counsel of my choosing, fully understand my obligations and voluntarily agree to be bound by its terms.

\_\_\_\_\_  
Print Name of Individual Guarantor

\_\_\_\_\_  
Signature of Individual Guarantor

\_\_\_\_\_  
Print Date

\_\_\_\_\_  
Print Relationship of Individual Guarantor to Company / Permittee

\_\_\_\_\_  
Print Name and Address of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Date



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

Slocum & Sons

30 Corporate Drive, North Haven, CT 06473

I certify that Name of Firm (Buyer)

is engaged as a registered

Street Address or P.O. Box No.

- ( ) Wholesaler
( X ) Retailer
( ) Manufacturer
( ) Lessor
( ) Other (specify)

City State Zip

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....
.....

Table with 4 columns: City or state, State Registration or I.D. No., City or State, State Registration or I.D. No. Includes entry for Connecticut.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature (Owner, Partner or Corporate Officer) Title Date