



The Tap of Kansas, Inc
 620 S. Washington
 Wichita, Ks. 67211
 PH: 316-265-4440
 FAX: 316-265-6771
 www.thetapofks.com

Credit Application

Business Name _____ Line of Credit Requested \$ _____

Phone (____) _____ Fax (____) _____

Address _____ For Past _____ Years

D/B/A _____ Federal Tax ID # _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
 (NAME) (Title) (SS#/Drivers License#)

PRINCIPAL: _____
 (NAME) (Title) (SS#/Drivers License #)

PRINCIPAL: _____
 (NAME) (Title) (SS#/Drivers License #)

TRADE REFERENCES:

NAME	ADDRESS/PHONE #
_____	_____
_____	_____
_____	_____

BANK REFERENCES:

_____ (Institution Name)	_____ (Address/Phone)
_____ (Contact Name)	_____ (Account #) _____ (Routing #)

No. of Employees _____ Est. Annual Sales _____ Sales Area _____



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Has the firm or any of its principals ever filed bankruptcy? Yes No

If yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (ENTER TERMS HERE) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

 (Name of Business)

 (Print Name/Title) (Signature)

 (Print Name/Title) (Signature)

Personal Guarantee

In consideration for _____ extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to _____ by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between _____ and the business. _____ shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by _____.

The guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by _____. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____ Name: _____
 (Name of person guaranteeing payment, NO TITLE)

Home Address: _____

Home Phone: _____ SS#: _____

Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____

CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved / Denied

Date: _____
 Amount \$ _____