



JOHNSON BROTHERS OF NEBRASKA

CREDIT APPLICATION

9320 J ST • Omaha, NE 68127 • (402) 331-2200 • FAX (402) 331-4850 • creditne@johnsonbrothers.com

This form is filed in our confidential credit file and used only in establishing credit with our company.

Licensed as: _____ **Established:** _____

DBA Name: _____ **Phone:** _____

Business Address: _____ **Fax:** _____

City / State / Zip: _____ **E-mail:** _____

County of: _____ **License Applied at (City / Village / Town of):** _____

Business Type: Corporation LLC Partnership Sole Proprietorship **Fed ID#:** _____

Mailing Address: _____ **Phone:** _____

City / State / Zip: _____ **Fax:** _____

Accounts Payable Contact: _____ **E-mail:** _____

PRINCIPLE OWNERS OR STOCKHOLDERS:

NAME	TITLE	HOME ADDRESS	PHONE #	SOCIAL SEC. #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

TRADE REFERENCES:

NAME	TITLE	ADDRESS	PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Name: _____ **Bank Phone:** _____

Bank Officer: _____ **Account Number:** _____

Business Type: _____

Other Locations: _____

TERMS: Net 30 days. FOB Shipping Point

Customer agrees that delinquent balances on invoices over 60 days old will carry interest at a rate of 1.5% per month, and further agrees to pay all costs of collection, including Attorney's fees. There is a \$25 (or maximum allowed by law) charge for returned checks.

Customer expressly agrees that the forum for any litigation pursuant to this agreement or any other contract between Seller and Customer, whether Seller or Customer brings suit, shall be the state or federal courts located in Douglas County, Nebraska and the Customer consents and submits to the venue and jurisdiction of said courts. This agreement shall be governed by and construed in accordance with the laws of Nebraska.

Customer shall make a careful inspection at time of delivery. Failure to give written notice within ten (10) days of delivery shall constitute an unqualified acceptance of the merchandise delivered and a waiver of all claims. No returned product will be accepted without prior approval. Restock fees apply.

To the best of my knowledge, the above information is true in fact as of this date: _____

Signed By: _____ **Title:** _____

This signature gives permission to Johnson Brothers Liquor Company, or their agent, to verify any or all information listed on this form.



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GUARANTY OF CUSTOMER ACCOUNT:

Customer #: _____

Full Legal Name of Business

Address

City State Zip Code

This Letter will confirm our understanding:

To induce Johnson Brothers Liquor Company, Phillips Wine & Spirits, Wine Merchants and their various divisions, subsidiaries, parents, affiliates and related businesses to sell merchandise and extend credit to the Customer above-named, I/we hereby unconditionally guarantee the prompt and full payment when due of any and all indebtedness that the Customer may owe you from time to time arising from your sale or delivery of merchandise to the Customer. I/we will also pay you any collection expenses and reasonable attorney's fees you may incur due to the Customer's default or to enforce this guaranty. I/we agree that these obligations may not be offset by any claim or counterclaim the Customer may have against you, or by any potential contribution from another guarantor. You may enforce this guaranty either before or after proceeding against the Customer.

This guaranty is continuing, absolute and unconditional, and I/we can revoke it only by giving you my/our termination notice in writing (verbal notice is insufficient). My/our guaranty will still cover any transactions that occur before you actually receive such written notice.

I/we hereby waive notice of acceptance, demand, protest, dishonor, default or non-payment, orders, sales and deliveries, and extensions of credit. My/our obligations under this guaranty will be joint and several, and not be affected by any settlements, compromises, releases, adjustments, or other transactions involving you and the Customer. I/we agree that you may bring any suit to enforce this guaranty in the state or federal courts located in Douglass County, Nebraska, and I/we consent to the venue and jurisdiction of said courts.

I/we understand that this is a legal agreement, and agree to be bound by its terms.

WITNESSED:

Sign Name: _____

Print Name: _____

GUARANTOR 1

DATED:

Sign Name: _____

Print Name: _____

GUARANTOR 2

Name and Mailing Address of Purchaser			Name and Mailing Address of Seller		
Name			Name		
Legal Name					
Street Address (Do not use PO Box)			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code

Check Type of Certificate

- Single Purchase If single purchase is checked, enter the related invoice or purchase order number _____.
- Blanket If blanket is checked, this certificate is valid until revoked in writing by the purchaser.

I hereby certify that the purchase, lease, or rental by the above purchaser is exempt from the Nebraska sales tax for the following reason:

- Check One** Purchase for Resale (Complete Section A.) Exempt Purchase (Complete Section B.) Contractor (Complete Section C.)

Section A—Nebraska Resale Certificate

Description of Property or Service Purchased

I hereby certify that the purchase, lease, or rental of _____ from the seller listed above is exempt from the Nebraska sales tax as a purchase for resale, rental, or lease in the normal course of our business. The property or service will be resold either in the form or condition in which it was purchased, or as an ingredient or component part of other property or service to be resold.

I further certify that we are engaged in business as a: Wholesaler Retailer Manufacturer Lessor
of _____
Description of Product or Service Sold, Leased, or Rented

My Nebraska Sales Tax Permit Number is 01-_____.

If none, state the reason _____.

or Foreign State Sales Tax Number _____ State _____.

Section B—Nebraska Exempt Sale Certificate

The basis for this exemption is exemption category _____ (insert appropriate number for the category of exemption described on the reverse side).

If exemption category 2 or 5 is claimed, enter the following information:

Description of Items Purchased _____ Intended Use of Items Purchased _____.

If exemption category 3 or 4 is claimed, enter your Nebraska Exemption Certificate number. 05-_____
Do **not** enter your Federal Employer ID Number.

If exemption category 6 is claimed, the seller must enter the following information and sign this form below:

Description of Items Sold	Date of Seller's Original Purchase	Was tax paid when purchased by seller? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was item depreciable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section C—For Contractors Only

1. Purchase of building materials or fixtures.

- As an Option 1 or Option 3 contractor, I hereby certify that the purchase of building materials and fixtures from the seller listed above are exempt from Nebraska sales tax. My Nebraska Sales or Use Tax Permit Number is: _____.

2. Purchases made by an Option 2 contractor under a Purchasing Agent Appointment on behalf of _____
(exempt entity)

As an Option 2 contractor, I hereby certify that the purchase of building materials and fixtures from the seller listed above is exempt from Nebraska sales tax pursuant to the **attached** Purchasing Agent Appointment and Delegation of Authority for Sales and Use Tax, Form 17.

Any purchaser, agent, or other person who completes this certificate for any purchase which is not for resale, lease, or rental in the regular course of the purchaser's business, or is not otherwise exempted from sales and use taxes is subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse. With regard to a blanket certificate, this penalty applies to each purchase made during the period the blanket certificate is in effect. Under penalties of law, I declare that I am authorized to sign this certificate, and to the best of my knowledge and belief, it is correct and complete.

**sign
here** ▶

Authorized Signature _____

Title _____

Date _____

Authorized Signature Name (please print) _____

Do not send this certificate to the Nebraska Department of Revenue. Keep it as part of your records.

Sellers cannot accept incomplete certificates.

revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

AUTO BILL PAY

SAVE TIME.
SAVE MONEY.

Three Options:

AUTO BILL PAY

- Funds withdrawn **on invoice due date**, not before. You can still take full advantage of your terms. [COD funds drawn next business day].
- Notified via e-mail 7 days before the invoice will be debited from your account.
- Credits given along with invoice debits.

onEpay

- Invoices are consolidated into one weekly payment.
- Funds drawn each Tuesday after the due date.
- Notified via e-mail 7 days before the invoice will be debited from your account.
- Credits given along with invoice debits.

COD ONLY

- Pay only for COD delivery invoices. Terms invoices can still be paid by traditional check.
- Funds drawn next business day.

Benefits

- Buy yourself time
- COD delivery payments are automated versus hand writing checks
- Save Money
- Stay Current
- Administered by Johnson Brothers
- Free Service
- Safe & Flexible

Sign Up Today!

- Enrollment is attached
- Questions? Contact our Credit Department at [651] 695-3540 or ACH@johnsonbrothers.com

Auto Bill Pay Enrollment

Johnson Brothers | Wine Merchants | Phillips Wine & Spirits | Artisan Beer Company

I, _____, hereby authorize Johnson Brothers, its subsidiaries and affiliates, to effect payment for charges on my account as such amounts become due by initiating debit entries in the form of electronic funds transfers to my bank account maintained at the financial institution named below.

Original must be mailed to:

Attn: Credit Department, Johnson Brothers
1999 Shepard Road, St. Paul, MN 55116

To expedite, you may also fax to [651] 637-3240 or email to ACH@johnsonbrothers.com

Customer Business Information

DBA Name: _____

Cust Account #: _____

Business Address: _____

Contact Phone #: _____

Payment Options: [Select One]

Auto Bill Pay - Funds Drawn on Due Date

onEpay - Weekly Consolidated Payment
Funds Drawn Each Tuesday

COD Only - Funds Drawn Next Business Day
for COD Invoices Only

Contact Name: _____

Contact E-Mail Address:

[Auto Bill Pay draw notifications will be sent to this address] _____

Customer Banking Information

Account Name: _____

Account Type: [Select One]

Checking

Savings

Bank Name: _____

Bank City: _____

Authorized Bank Account Signer [Signature]

Bank ABA [Routing] #: _____

Authorized Bank Account Signer [Print Name]

Account #: _____

Date

ELECTRONIC STATEMENTS

Want to receive your statements **ELECTRONICALLY**
instead of dealing with paper?

Sign Up

Owner E-Mail Address: _____
(Required)

Manager E-Mail Address: _____
(Optional)

Questions? Need Help? Call Fred Richards at [651] 637-3343. He'll be happy to help!