



# Elite Brands of Colorado, Inc.

4780 Holly Street, Denver, CO 80216  
Phone: (303) 394-7535 • Fax: 303-394-0693



## New Client and Credit Information

*The following information must be completed in order to receive 30-day credit terms upon approval. All information is confidential. All orders are COD until approval.*

**Business or Corporate Name**

**Business Phone**

**Business Fax**

\_\_\_\_\_  
**DBA Name (if different than company name)**

**Circle One:**

Individual

Partnership

Corporation

Other: \_\_\_\_\_

**Street Address**

**Billing Address (if different)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**County where business is located** \_\_\_\_\_

**Primary Company Contact**

**Title**

**Email**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Liquor License #**

**Exp. Date**

**Federal Tax ID#**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owners and/or Officers**

**Title**

**S.S.#**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bank Name**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Delivery/Receiving Hours and Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_

*The undersigned agree that full payment for all merchandise ordered will be made within 30 days of order shipment date. Failure to do so shall result in a 1.5% per month late charge and possible delayed deliveries. It is also agreed that all collection and/or attorney costs will be paid by the undersigned.*

**Signatures**

**Title**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Credit Application Personal Guarantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Individual)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
County

\_\_\_\_\_  
County

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Liquor License or Tax ID Number

*The undersigned individual requests Elite Brands of Colorado, Inc. to extend credit to the above named Company or business and hereby agrees to be personally responsible for repayment of the debt as well as all costs of collection, which shall include interest at the rate of 18% per annum, court costs, and reasonable attorney fees. This personal guarantee is a continuing and irrevocable guarantee and the undersigned individual further waives presentment, notice of default, and non-payment and consents to any extension, modification, waiver of terms, or renewal of credit agreement or debt. The undersigned individual authorizes release of credit, bank, and other financial information and the use of a photocopy of this form as authorization.*

\_\_\_\_\_  
Printed Name of Guarantor

\_\_\_\_\_  
Company Relationship or Title

\_\_\_\_\_  
Signature of Guarantor (Individual)

\_\_\_\_\_  
Date Signed