



**CONNECTICUT**  
DISTRIBUTORS INC.  
THE CHARMER SUNBELT GROUP

# Owner's and Backer's Statement and CT Resale Certificate

CONNECTICUT DISTRIBUTORS INC.  
333 LORDSHIP BLVD. • STRATFORD, CT 06615-7100  
OFFICE (203) 377-1440  
FAX (203) 377-8960 • [WWW.CTDIST.COM](http://WWW.CTDIST.COM)  
TOLL FREE 1-800-972-9822  
ORDER DEPT. 1-800-972-9595

PLEASE COMPLETE BOTH SIDES OF THIS FORM

OFFICE APPROVAL \_\_\_\_\_ CUSTOMER NO. \_\_\_\_\_ SALESMAN NO. \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

## Business Information

TRADE NAME		CONNECTICUT SALES & USE TAX NUMBER	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	LEASE <input type="checkbox"/>
BACKER IS (CHECK ONE)	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	SOLE OWNER <input type="checkbox"/>
BACKER CORPORATE NAME		SOCIAL SECURITY NO./CORPORATE I.D. NO.	
ADDRESS	CITY	STATE	ZIP
PREVIOUS BUSINESS AT THIS ADDRESS			

## Corporate Officers (or Partners)

PRESIDENT (OR PARTNER)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	NO. OF YEARS
NAME ON DEED (HOME)			
SECRETARY /TREASURER (OR PARTNER)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	NO. OF YEARS
NAME ON DEED (HOME)			
CREDIT REFERENCES 1.		2.	

## Permittee Information

PERMITTEE'S NAME		SOCIAL SECURITY NUMBER	
PERMIT NO.	EXPIRATION DATE	HOME PHONE NUMBER	
HOME ADDRESS	CITY	STATE	ZIP
	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	NO. OF YEARS
PERMITTEE IS (CHECK ONE)	CORPORATE OFFICER <input type="checkbox"/>	PARTNER <input type="checkbox"/>	
	OWNER <input type="checkbox"/>	EMPLOYEE <input type="checkbox"/>	

1. Connecticut Distributors, Inc. (hereinafter CDI) agrees to extend credit to the backer in accordance with the credit policy of CDI in effect now and as may be amended from time to time by CDI.
2. The backer, by completion of this credit application and agreement, hereby represents to CDI, its successors, and assigns, that the information supplied is true and correct and further recognizes that CDI is relying on the accuracy of this application in determining whether to extend credit to the backer.
3. The backer agrees that in the event invoices billed are not paid when due, CDI may charge, 1) service charges at the rate of 1 & 1/2 percent per month (annual rate of 18%) on the unpaid balance and, 2) a reasonable attorney's fee in the event that the account is turned over for collection procedures.
4. The backer authorizes CDI, its agents, servants, and employees to make inquiry at any bank where the backer may at any time have an account, to determining the status of the account including, but not limited to, the balance of the account.
5. The backer waives any right to notice and hearing pursuant to Conn. Gen. Stat. §§ 52-278a-g (Connecticut Prejudgment Remedy Statute).
6. By signing below, the Customer authorizes Connecticut Distributors to periodically obtain personal credit reports for the purpose of establishing, investigating, or maintaining a credit relationship with them.
7. **Refusal to sign will result in your account being placed on Permanent C.O.D. status.**  
The undersigned, jointly and severally agree to be bound by all terms and covenants set forth in this credit application and agreement and specifically, unconditionally, and personally guarantee to CDI the payment of all present and future obligations, service charges, and attorneys fees for which the backer is liable. This guarantee is entered into as an inducement to CDI to continue to extend future credit to the backer.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Name of Guarantor)

Print: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Name of Guarantor)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Name of Guarantor)

Print: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

- Facsimiles (electronically transmitted images) can be accepted as an original document.
- Signatures of all owners and backers must appear in order to establish credit terms
- These provisions are for the benefit of CDI, and all signers shall be liable whether or not other persons also sign this guaranty of payment

## State of Connecticut Sales and Use Tax Resale Certificate

ISSUED TO (SELLER): CONNECTICUT DISTRIBUTORS, INC.

ADDRESS: 333 LORDSHIP BOULEVARD, STRATFORD, CT 06615-7100

I certify that

Name of Account (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

is engaged as a registered retailer 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: Alcoholic beverages, as well as some non-alcoholic products.

City or State: \_\_\_\_\_ Sales and Use Tax ID No.:

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 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: Alcoholic beverages, as well as some incidental products.

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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Partner, or Corporate Officer*