

NEW CUSTOMER SETUP FORM/ CREDIT APPLICATION



New Age Beverages Corporation
18245 E 40th Ave Aurora, CO 80011

Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Delivery Address: _____

City: _____

State: _____

Zip: _____

Accounts Payable Information:

AP Contact Name: _____

AP Email Address: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Requested payment terms (i.e. COD, Prepay, Net 30, etc.): _____

*Prior to approval of payment terms, all sales are considered prepaid. Payment terms are subject to review and approval by the NewAge Finance team based upon the credit application, credit history and credit references.

Are Purchase Orders required?

Yes

No

Monthly statement delivery method:

Email

Mail (USPS)

Please provide preferred statement email or physical address below:

Type of Company (please provide a W-9):

Corporation

Partnership

Other: _____

EIN #: _____

Years in Business: _____

Reseller's Certificate #: _____

Copy of license included?

Liquor License #: _____

Copy of license included?

Trade References:

Company Name: _____

Contact Name and Title: _____

Address: _____

Phone: _____

Email Address: _____

Company Name: _____

Contact Name and Title: _____

Address: _____

Phone: _____

Email Address: _____

Company Name: _____

Contact Name and Title: _____

Address: _____

Phone: _____

Email Address: _____

Bank Reference:

Bank Name and Account Number: _____

Contact Name and Title: _____

Address: _____

Phone: _____

Email Address: _____

Applicant hereby authorizes NewAge to obtain any information and to make any inquiries that are deemed appropriate in order to determine Applicant's credit worthiness and determine whether credit terms will be extended to the Applicant.

Applicant's Signature: _____

Title: _____

Date: _____

For Internal Use Only

Are the customer's requested payment terms approved? Yes No

If No, please list approved terms:

Signature of Review/Approval: