

4119 Ingra Street
Anchorage, AK 99503



Phone: 907-563-9100
Fax: 907-563-9463

CUSTOMER APPLICATION

| Business Contact Information | | | |
|---|-------------------|------------------|--------|
| Company Name: | | | |
| Db: | ABC Lic #: | Yrs in Business: | |
| Physical Address: | | City,State,Zip | |
| Mailing Address: | | City,State,Zip | |
| Newsletter Mail or E-mail: | | | |
| Phone: | Fax: | E-mail: | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Accounts Payable Contact: | | E-mail: | |
| Requested Credit Amount: | | | |
| Owners or Principals | | | |
| Name: | Title: | SS#: | |
| Home Address: | D/O/B: | Drivers Lic #: | |
| City,State,Zip: | | Phone: | |
| Name: | Title: | SS#: | |
| Home Address: | D/O/B: | Drivers Lic #: | |
| City,State,Zip: | | Phone: | |
| Business and Credit Information | | | |
| Bank Name: | Branch: | Contact: | |
| Bank Address: | Phone: | Fax: | |
| Savings Acct. #: | Checking Acct. #: | | |
| Loan Acct. #: | Other: | | |
| Trade References | | | |
| Company Name: | Phone: | Fax: | |
| Address: | City,State,Zip: | | |
| Contact: | E-mail: | | |
| Company Name: | Phone: | Fax: | |
| Address: | City,State,Zip: | | |
| Contact: | E-mail: | | |
| Company Name: | Phone: | Fax: | |
| Address: | City,State,Zip: | | |
| Contact: | E-mail: | | |
| Applicant signature warrants that the above information and related financial disclosure is true and accurate. By submitting this application you authorize Specialty Imports, Inc. to make inquiries into the banking and business/trade references you have supplied. | | | |
| Authorized Signature (Owner, Officer, or Principal) | | Title: | Date: |
| Personal Guarantee | | | |
| In consideration of Specialty Imports, Inc. sales to the above open account, I personally guarantee payment for all purchases. | | | |
| Authorized Signature (Owner, Officer, or Principal) | | Title: | Date: |



CREDIT REPORT AUTHORIZATION FORM

Authorization is hereby granted to Specialty Imports Inc. to contact my banker, the references I have provided on this credit application and/or to obtain a credit report through a credit reporting agency.

I understand and agree that Specialty Imports Inc. intends to use the consumer credit report or information gathered from my banker or references solely for the purpose of evaluating my credit worthiness.

I understand that this credit report will be retained on file at Specialty Imports Inc. office and this information will not be disclosed to anyone by Specialty Imports Inc. without my written consent.

My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to Specialty Imports Inc. in connection with such an evaluation. Authorization is further granted to the credit reporting agency to use photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

SIGNING BELOW GRANTS PERMISSION FOR THE RELEASE OF FINANCIAL INFORMATION TO THE CREDIT REPORTING AGENCY AND GRANTS PERMISSION FOR SPECIALTY IMPORTS, INC. TO OBTAIN A COPY OF YOUR CREDIT REPORT AND TO CONTACT YOUR BANK AND CREDIT REFERENCES.

Applicant's Name (Printed)

Applicant's Signature Date

Applicant's Complete Address

Co-Applicant's Name (Printed)

Co-Applicant's Signature Date

Co-Applicant's Complete Address



FINTECH

Enroll today to start paying your alcohol invoices electronically!



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DistributorAutopay](https://go.fintech.com/DistributorAutopay)



Create

Create your account
and complete the digital
enrollment



Sign

Electronically sign to
complete the
enrollment process

Your account will be live 5-7 days after you've
completed the enrollment process.*

*The timeline of 5-7 business days is based on the average time to go live for retailers.

Have questions about Fintech's EZenroll process? Contact a Fintech representative at **1.800.572.0854 option 1** or email **support@fintech.com**.

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www.fintech.com