



MURPHY

CREDIT APPLICATION

CT License # LIW.0000627

Phone: 203.483.3100

Fax: 800.631.6768

sales@murphydist.com

murphydistributors.com

Submitted by:

Owner Info
Permittee:

Email:

Address:

City:

State:

Zip:

Account Info
Account Name:

Corp./ Backer Name:

Resale #:

EIN (Federal Tax ID):

1. Applications will not be processed without completed form.
2. Attach a copy of Liq License with application.

Liquor License #

Issue Date:

Delivery Address:

City:

Zip:

Delivery Times:

Delivery Notes:

Phone:

Fax:

Website:

Contacts
Buyer Name:

Email:

Phone:

Billing Contact:

Email:

Phone:

Billing Address:

City:

State:

Zip:

References
Trade References:

Bank References + Account #:

OFFICE USE ONLY

Referring Sales Rep:

Account #:

Credit Amount:

In consideration of credit being extended by MURPHY BEVERAGE COMPANY, INC., (d/b/a Murphy Distributors) to the business named above hereby contracts and promises the full and faithful payment when due, of all amounts owed be it to Murphy Distributors, including, without limitation, costs of purchases made, interest at 1.5% per month (or the maximum amount allowed by law) on all past due balances (which shall be posted to the State of Connecticut Department of Consumer Protection Liquor Control, in accordance with the Connecticut regulations), and costs of collection including reasonable attorneys' fees. By signing below the business entity certifies that the information provided above is true and correct in all material respects and authorizes all references provided above to provide all relevant information to Murphy Distributors; and consents to all corporate and personal credit investigations as Murphy Distributors deems necessary in its sole discretion. he undersigned individual personally guarantees all payments due to Murphy Distributors hereunder.

Print Name

Signature

Date

Witness

Signature



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

I certify that

Name of Firm (Buyer)

is engaged as a registered

Street Address or P.O. Box No.

City

State

Zip

- () Wholesaler
() Retailer
() Manufacturer
() Lessor
() Other (specify)

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:

City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. 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 which 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:

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

(Owner, Partner or Corporate Officer)

Title

Date