



**Craft Beer Guild of New Hampshire**  
**300 West Rd., Unit 4**  
**Portsmouth, NH 03801-5652**  
**Phone: 603-319-8508 Fax: 603-319-8512**  
**www.greatbrewers.com**

Account Number \_\_\_\_\_ Date \_\_\_\_\_  
 Licensee Name \_\_\_\_\_  
 DBA Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Buyer \_\_\_\_\_  
 Billing Address (If different) \_\_\_\_\_

Opening Date \_\_\_\_\_ Seasonal Y\_\_\_\_N\_\_\_\_ On Site Y\_\_\_\_N\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Special Delivery Instructions \_\_\_\_\_  
 Acct Bookkeeper \_\_\_\_\_ Telephone \_\_\_\_\_  
 Owner Name \_\_\_\_\_  
 Owner Address \_\_\_\_\_  
 Owner Telephone \_\_\_\_\_

**Please List Three Business References**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

**PERSONAL GUARANTEE:**

I, \_\_\_\_\_, for and in consideration of Craft Beer Guild approval of this Credit Application for \_\_\_\_\_, hereby personally guarantee to Craft Beer Guild, the payment of all charges And fees which may become due in accordance with the terms and conditions of Craft Beer Guild credit terms, whenever the Company shall fail to pay the same. I understand the Guaranty shall continue and be irrevocable until all charges and fees are paid or until I receive a written release for this Guaranty.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Printed Name \_\_\_\_\_