





**CREDIT REFERENCES:**

**TRADE REFERENCES:**

1. **COMPANY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

2. **COMPANY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

3. **COMPANY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**BANK REFERENCES:**

1. **NAME:** \_\_\_\_\_  
**BRANCH:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_  
**BRANCH:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**Please complete this form so we may obtain credit information from the references you submitted.**

**Authorization for Release  
of Financial Information**

To Whom it May Concern

You are authorized to release financial information relating to the individual or organization indicated below and your organization to Amazing Beverage, 1921 Wharton Road, Jenkintown, PA 19046

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

This form may be reproduced or faxed.

# Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do NOT  
 send to the IRS.

Please print or type

Name (If a joint account or you changed your name, see <b>Specific Instructions</b> on page 2.)	
Business name, if different from above. (See <b>Specific Instructions</b> on page 2.)	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								

OR

Employer identification number								

List account number(s) here (optional)

**Part II For Payees Exempt From Backup Withholding** (See the instructions on page 2.)

**Part III Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	Signature ▶	Date ▶
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**Purpose of form.** A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS prefers you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons must use an appropriate Form W-8.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

**REQUEST FOR CREDIT REFERENCE & INFORMATION**

**From Amazing Beverages, Inc. Jenkintown, PA 19046**

**Phone: 800-545-8423 Fax: 215-886-9362**

The following company used your organization as a trade credit reference as part of their application to our company for open credit. An authorization from the applicant company for your to release financial information is attached.

Would you please respond to this request as soon as possible by returning same by fax to 215-886-9362. Thank you for your cooperation and the favor of a quick response.

Company: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have this company been a customer of yours? \_\_\_\_\_

Do they purchase ( ) products or ( ) services?

Annual purchases \$ \_\_\_\_\_ Amount of credit line \$ \_\_\_\_\_

Amount presently outstanding \$ \_\_\_\_\_

Past Due \$ \_\_\_\_\_ Days past due \_\_\_\_\_

History of ISF Returned checks? Y N

History of Stop Payment checks? Y N

Unauthorized discounts or deductions taken from payments? Y N

*This information will be held in strictest confidence.*

Your Company \_\_\_\_\_

Your Name: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

# Personal Guaranty

In consideration of the extension of credit by Amazing Beverages, Inc, hereinafter the Seller, herein to

a  Sole Proprietorship  Partnership  Corporation  Other located at \_\_\_\_\_

\_\_\_\_\_ in the city of \_\_\_\_\_ and

the state of \_\_\_\_\_, hereinafter the Buyer, the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due the Seller by the Buyer, including collection charges and attorney's fees. This is an absolute and continuing guarantee, and shall remain in full force unless agreement of release is furnished by Amazing Beverages, Inc. in writing. Such cancellation shall not, however, apply to any credit already extended to me/us prior to the date of release. I/we hereby waive notice of the acceptance of this agreement, notice of default or non-payment and waive action required by any statute, against the Buyer. No delay on Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against the Buyer or any other person primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudice Seller's rights against me/us. I/we agree that in the event of any default at any time by said Buyer, Seller shall have the right and option, at it's sole discretion to look to me/us immediately for full payment without prior demand or notice, and without first seeking recovery against the Buyer.

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account # \_\_\_\_\_ (  ) Checking (  ) Savings

**Spouse Must Sign This Guarantee Unless Guarantor Above Furnishes Personal Financial Statement.**

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

**THIS FORM MUST BE PROPERLY NOTARIZED**

# Personal Guaranty

In consideration of the extension of credit by Amazing Beverages, Inc, hereinafter the Seller, herein to

a  Sole Proprietorship  Partnership  Corporation  Other located at

\_\_\_\_\_ in the city of \_\_\_\_\_ and

the state of \_\_\_\_\_, hereinafter the Buyer, the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due the Seller by the Buyer, including collection charges and attorney's fees. This is an absolute and continuing guarantee, and shall remain in full force unless agreement of release is furnished by Amazing Beverages, Inc. in writing. Such cancellation shall not, however, apply to any credit already extended to me/us prior to the date of release. I/we hereby waive notice of the acceptance of this agreement, notice of default or non-payment and waive action required by any statute, against the Buyer. No delay on Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against the Buyer or any other person primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudice Seller's rights against me/us. I/we agree that in the event of any default at any time by said Buyer, Seller shall have the right and option, at its sole discretion to look to me/us immediately for full payment without prior demand or notice, and without first seeking recovery against the Buyer.

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account # \_\_\_\_\_ ( ) Checking ( ) Savings

**Spouse Must Sign This Guarantee Unless Guarantor Above Furnishes Personal Financial Statement.**

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

**THIS FORM MUST BE PROPERLY NOTARIZED**





**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

**Section 1. Source of Income**      **Contingent Liabilities**

Salary .....	\$	_____	As Endorser or Co-Maker .....	\$	_____
Net Investment Income .....	\$	_____	Legal Claims & Judgments .....	\$	_____
Real Estate Income .....	\$	_____	Provision for Federal Income Tax .....	\$	_____
Other Income (Describe below)* .....	\$	_____	Other Special Debt .....	\$	_____

Description of Other Income in Section 1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.