

BUSINESS INFORMATION	٧			
 Legal Business Name		 DBA (Store Name)		 Federal Tax ID (or SS No. if single proprietorship/partnership,
Street		City		State Zip
Owner / Operator Name		Phone	Email Ada	iress
Yrs Business Est. Annual Sales	\$ Est A	Monthly Purchases		
Trs business Est. Annual sules	LSt. 1	nontiny raichases		
BANKING INFORMATION	J			
BATTAIN ON THE				
Institution Name	Address			Phone
Contact Name	(1) Account #		(2) Account #	
Contact Name	(1) recount "		(Z) / teedant "	
CHADANTY				
GUARANTY				
The undersigned,		("Guar	antor") of	
having a financial interest in Applicant, and be Applicant to METRO DISTRIBUTORS of all an	nounts due and owing I	now, and from time-to-time here	after. Guarantor expres	sly waives notice from METRO
DISTRIBUTORS of its acceptance and reliance Guarantor hereunder shall not be affected, ex of any obligation, or any defense of any kind of	cused, modified or imp	aired upon the happening, from	time to time of any ever	nt. No set-off, counterclaim or reduction
hereunder to the Guarantor against METRO E DISTRIBUTORS may proceed directly to enfo	DISTRIBUTORS in the ϵ	vent of a default by Applicant or	n its obligation to METR	O DISTRIBUTORS. METRO
exhausting, any other remedies it may have. O METRO DISTRIBUTORS in enforcing this person	Guarantor agrees to pay	all costs, expenses, and fees, inc	cluding reasonable attor	ney's fees, which may be incurred by
charge of one and a half percent (1.5%) per m METRO DISTRIBUTORS by Guarantor under				
successors, assignees, representatives, and su shall be governed by and interpreted with the Providence County, Rhode Island. The obligat	laws and decisions of	he State of Rhode Island, withou	ut respect to its conflicts	
Trovidence county, knode Island. The obligate	ions of malapic person	s acting as Guarantor shall be joi	nt and several.	
Full Name (please print)	Signature		Driver's Lice	ense Number
 Address				Date
 Spouse Full Name (please print)	Signature		Driver's Licer	nse Number
Address				Date