



P.O. Box 1308
Upper Marlboro, MD 20773
Phone: (301) 627-1900
Fax: (301) 627-0613

Valued Retailer,

To ensure that all our customers are aware of our Payment Terms, Credit Requirements, Policies, & Procedures, please read carefully!

Our current payment options are as follows:

- C.O.D. (Cash on Delivery) or simply paying on delivery.
- Charge (NET 30)
 - *Must have current Credit Agreement on file.*
 - *Based on County Regulations and generally not available for Malt Based Beverages.*
 - ***Must participate in EFT partner payment program (Fintech).***
- Electronic Funds Transfer (Fintech)
- Escrow

**All credit terms are Net 30 days from the date of the invoice; there are no exceptions.

Please note that as of 01/01/2026, the following policies will be enforced if you are a credit holding customer:

- All credit accounts will require an EFT payment form.
- All credit accounts will be Net 30 days at which time full payment is due.
- Over 34 Days - Account will be put on hold and ineligible for additional orders until brought to current status.

Please contact our Controller with any questions or concerns. Thank you for your continued business!

william fox

William Fox

Controller

Shipping Address: 5600 S. E. Crain Highway Upper Marlboro, MD 20772
Mailing Address: P.O. Box 1308 Upper Marlboro, MD 20773
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Distributor Autopay

Enroll today to start paying your beer, wine, and spirits invoices electronically!



VISIT

Visit
[go.fintech.com/
ChesapeakeBeverage](https://go.fintech.com/ChesapeakeBeverage)



CREATE

Create your account
and complete the digital
enrollment



SIGN

Electronically sign to
complete the
enrollment process

With Fintech, your alcohol invoices will be paid automatically according to the due date listed on the invoice - keep your terms and get your credits electronically!

Your account will be live 5-7 days after you have 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**.



FINTECH

3109 W. Dr. Martin Luther King Jr. Blvd. Suite 200, Tampa, FL 33607
www.fintech.com



APPLICATION FOR CREDIT

Please fill in all applicable information

Customer Information

Company
Name:

Corporate Name

*Doing Business As (if
Different)*

Address:

Street Address

County

City

State

ZIP Code

Account #

Accounts
Payable
Contact

Name

Phone

Email

Tax Information and Type of Business

IRS Employer /
Tax #

Corporation

Partnership

Sole-Proprietorship

LLC

State of Incorporation: _____

Date
established:

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Principal Officers/Owners/Partners

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

(continue on back if more than two officers, owners or partners)

Trade References

Business Name *Address* *Contact Name and Phone #*

Business Name *Address* *Contact Name and Phone #*

Business Name *Address* *Contact Name and Phone #*

Warranty and Guarantee Information

I have read, signed, and accepted the attached "Warranty and Guarantee."

Name (printed): _____

Signed: _____

Date: _____



WARRANTY AND GUARANTEE

In consideration of your extension of credit to the undersigned, any and all, and in reliance upon our representations made herein, we do hereby certify and warrant that all the facts and figures set forth therein are correct and true, and that we will notify you immediately of any unfavorable change in our financial condition and any actions that may be instituted against us. We agree to pay our obligations to you in accordance with such terms of payment at the time of entering into transactions with you. Should we default, we will pay you a service charge computed at the rate of one- and one-half percent (1.5%) per month on the amount in default. We agree to pay all costs in collections including any attorney fees or bank fees.

You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein to determine my credit worthiness. Furthermore, by signing this application, I acknowledge that I have read and understand the terms of sales, and agree to abide by them.

The officers must sign and indicate title:

Company Name: _____

Officer Name (printed): _____

Title: _____

Officer Signed: _____

Date: _____



State of Maryland Retail Sales Tax Division

Certificate of Resale

Account# _____

Maryland Sales & Use Tax # _____

This is to certify that material, merchandise, or goods purchased by the undersigned from

Bob Hall Beverage, LLC

P.O. Box 1308

Upper Marlboro, Maryland 20773

After _____ is purchased for the following purpose:

Date

() Resale as tangible personal property

() To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.

This certificate shall be considered a part of each order which we shall give provided such order bears our License number.

Business Name

Business Address

Purchaser

Title

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