

Cooperative Coffees

Please send Customer Application to:

Cooperative Coffees
302 W Lamar St
Americus, GA 31709
Office: 229.924.3035
Fax: 229.924.6250

New Customer Application

Please PRINT or TYPE the requested information and complete back tax form

Type of Business Organization Sole Proprietorship Non-profit Credit Line Requested: _____
 Partnership LLC Resale Number: _____
 Corporation Other: _____
State Incorporated: _____ Fed ID Number: _____

Organization Name: _____ Phone: () Fax: ()

Billing Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Shipping Address: _____

If Subsidiary: _____
(Commercial Street Address) (City) (State) (Zip)

List Parent Name, Address, Phone: _____

Number of Employees: _____ Number of Years in Business: _____ D & B #: _____

Principal/Owner: _____ SS#: _____ Hm Ph: ()

Home Address: _____
(Street/PO Box) (City) (State) (Zip)

Bank Name: _____ Phone: () Contact: _____

Address: _____
(Street/PO Box) (City) (State) (Zip)

List Trade References - Do not include C.O.D. Vendors, Landlords or Secured Creditors.

1. Name: _____ Phone: ()

Address: _____
(Street/PO Box) (City) (State) (Zip)

2. Name: _____ Phone: ()

Address: _____
(Street/PO Box) (City) (State) (Zip)

I represent that the above information is true and is given to induce Cooperative Coffees, Inc. as it sees fit, including contacting the above trade references and banks and obtaining credit reports. Further, I authorize all trade references, banks, and credit reporting agencies to disclose to Cooperative Coffees, Inc. any and all information concerning the financial and credit history of the applicant, including myself. By signing this credit application, I understand and agree that Cooperative Coffees's credit terms require the: (1) Payment of all invoices within the established terms; (2) Notification to Cooperative Coffees within 7 days after receipt of invoice of any discrepancies and; (3) Reimbursement of Cooperative Coffees for any legal fees that it incurs to collect a balance due from applicant and those signing on applicant's behalf, without limitation. Further, by signing this application, whether as an officer of a corporation or other legal business entity or individually as a sole proprietor, I personally guarantee payment for all items purchased on credit by the applicant.

Signature of Party Responsible for payment: _____ Title: _____

Please PRINT Name: _____ Date: _____

Business Info

Principal

Bank

Trade References

Agreement