



NEW ACCOUNT APPLICATION

Type or print clearly. Return by fax to: (206) 652-4881 or, mail to: 1402 NW 85th Street, Seattle, WA 98117

This information required to open an account, regardless of whether or not payment terms are requested.

*Business Name _____ *Date _____

*Billing Address _____ *City _____ *State _____ *Zip _____

*Telephone Number () _____ *Fax () _____

*Shipping Address _____ *City _____ *State _____ *Zip _____

The shipping address is (check one): Residential, Commercial

*Alternate Telephone Number (please describe: cell, home, office etc.) () _____

*Email (if used) _____ *website URL (if applicable) _____

*Legal Name of President or Owner _____

*I understand and agree to pay a \$35.00 a charge that will be made on any checks returned by the bank due to insufficient funds.

(Initial) _____

*The undersigned hereby swears and declares under penalty of perjury that the above information is true and correct and that purchaser is a solvent business, and can and will pay its debts as they become due.

*Owner or Authorized Party (print name) _____

*Signature _____ Date _____

() Sole Owner

() Partner

() Officer



NEW ACCOUNT APPLICATION

Type or print clearly. Return by fax to: (206) 652-4881 or, mail to: 1402 NW 85th Street, Seattle, WA 98117

This information required to establish credit terms

Terms Requested: Net ____ Days. (Fill in terms requested)

Owner's Social Security Number _____ D.O.B. _____

Tax ID # _____

How Long In Present Business? _____

Bank Name _____

Bank Account Number _____

Bank Telephone Number _____ Contact _____

I Authorize Bank to Release Credit Information to Atlas Coffee Importers LLC.

(Initial) _____

I Authorize Atlas Coffee Importers LLC to obtain Credit Information from any Credit Reporting Agency they see fit.

(Initial) _____

In consideration of, and in order to establish an open account line-of-credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with the Terms of Sale.

The information and statement in this application are true and complete, and made for the purpose of establishing an open account line-of -credit. I/we hereby authorize you to obtain any confirming information you consider necessary, from any source, concerning the statement of this application.

Signature _____ Date _____

Personal Guarantee

As an officer and/or authorized agent of the corporation listed above, I personally guarantee the payment of all invoices billed to this corporation and agree to be personally liable for all other terms and conditions of this agreement and subsequent green coffee contracts.

Name and Title of Guarantor (please print) _____

Signature _____ Date _____



NEW ACCOUNT APPLICATION

Type or print clearly. Return by fax to: (206) 652-4881 or, mail to: 1402 NW 85th Street, Seattle, WA 98117

TRADE REFERENCES (MUST COMPLETE ALL THREE TO BE CONSIDERED FOR CREDIT TERMS):

Company Name: _____ Tel: _____
Address: _____ Fax: _____
City & Zip Code: _____ Contact Person: _____

Company Name: _____ Tel: _____
Address: _____ Fax: _____
City & Zip Code: _____ Contact Person: _____

Company Name: _____ Tel: _____
Address: _____ Fax: _____
City & Zip Code: _____ Contact Person: _____

**ALL INFORMATION MUST BE COMPLETED BEFORE CREDIT CAN BE CHECKED.
INCOMPLETE CREDIT APPLICATIONS WILL NOT BE PROCESSED.**