



New Account Application (North America)

Type or print. Incomplete applications may delay processing. Required fields are marked with *. Return via email to sales@atlascoffee.com or by fax.

Date _____ Referred By _____

* Legal Entity Name _____

* Trade Name(s) or DBA(s) _____

* Billing Address (Street, City, State, Postal Code) _____

* Phone _____ Fax _____ Website _____

* Legal Name of President or Owner _____

* Phone _____ Fax _____ * Email _____

* Accounts Payable Contact (For invoices and receipts) _____

* Phone _____ Fax _____ * Email _____

Coffee Buyer _____

* Phone _____ Fax _____ * Email _____

Person(s) authorized to sign coffee purchase contracts _____

* Expected Average Order Size: 1-4 bags 5-9 bags 10-49 bags 50+ bags

* Shipping Address (Street, City, State, Postal Code) _____

* Delivery Contact _____ * Delivery Phone _____

* Delivery Email(s) _____

Our company holds the following certifications: check all that apply: FT USA FLO CERT Rainforest Organic (by _____)

* Delivery Notes Check one option per line.

* I will pick up my coffee at the warehouse via Will Call OR I will coordinate my freight OR I want Atlas to coordinate my freight.

* The Shipping Address is in a commercial/business district OR The Shipping Address is in a residential/rural or other non-commercial area.

* I have a dock, a fork-lift, or another way to remove 150# bags from a commercial trailer. OR I will need a lift-gate for my deliveries.

* The carrier can delivery without calling, anytime between _____ & _____ on _____ OR I require a delivery appointment.

Shipping/Delivery Notes _____

Alternate Delivery Specify use _____

Alternate Phone Number _____ Specify Use _____

* Preferred Billing & Payment Method at time of order Check those which apply ACH (finish page 2) Wire Check Credit Card

* Initials: _____ I understand and agree to pay a \$35.00 a charge that will be made on any checks returned by the bank or rejected ACH payments due to insufficient funds.

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

* Owner or Authorized Party Print name _____

* Signature _____

* I am the Check one Sole Owner Partner Officer



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ACH Recurring Payment Authorization Form

Instructions:

1. Attach a voided check from the specified account (deposit tickets are not accepted).
2. Retain a copy of the completed form for your records and return original to Atlas Coffee Importers, LLC via fax (206.652.4881), email (ar@atlascoffee.com), or mail (201 N. 85th Street, Seattle WA 98103).

By completing and submitting this form, the entity named below (the "Company") authorizes regularly scheduled charges from the Company's checking or savings account by Atlas Coffee Importers, LLC ("Atlas"). The Company specifically authorizes Atlas to initiate debit entries to the Company's account specified below to collect amounts owed pursuant to the terms of any agreement between the Company and Atlas, including the terms of the Company's trade credit account with Atlas and any associated terms of sale. The Company represents that its bank account is enabled for Automated Clearing House (ACH) transactions and agrees to be bound by the NACHA operating rules, as amended.

The Company acknowledges that it will be charged for the amount owed as specified by the terms of the underlying invoice owed by the Company to Atlas. A receipt of payment will be emailed to the Company email below and the charges will appear on its bank statement as an "ACH Debit." The Company agrees that Atlas is not obligated to provide prior-notification.

The Company authorizes Atlas Coffee Importers, LLC to charge the Company's bank account indicated below on the payment due date (as specified by the related invoice for payment or other applicable agreement) all amounts owing on the Company's account with Atlas Coffee Importers, LLC.

The Company acknowledges that Atlas is not required to give advance notice of the agreed upon charge.

Company _____ **Authorized Party** _____

Billing Address _____ **Phone** _____

City, State, Zip _____ **Email** _____

Account Type: Checking Savings

Name on Account _____ **Bank Name** _____

Bank City/State _____ **Account Number** _____

Routing Number _____

The Company acknowledges that this authorization will remain in effect until the Company cancels it in writing, and the Company agrees to notify Atlas Coffee Importers, LLC in writing of any changes in the Company's account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, the Company agrees that the payment may be executed on the next business day. The Company understands that because these are electronic transactions, these funds may be withdrawn from the Company's account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) the Company understands that Atlas Coffee Importers, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. The Company acknowledges that the origination of ACH transactions to the Company's account must comply with the provisions of U.S. law and agrees not to dispute these scheduled payments with its bank so long as the transaction corresponds to the terms indicated in this form.

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60724.00001

201 N 85TH STREET - SEATTLE, WA 98103 USA

FLO ID: 2444 * FDA #:15100970438 * TEL: 206.652.4880 * FAX: 206.652.4881

Updated: 1-Mar-17/mjk