



Atlantic Specialty Coffee

CREDIT APPLICATION

APPLICANT INFORMATION

Company Name:		
Phone:	Email:	Website:
Current address:		
City:	State:	ZIP Code:
Shipping address:		
City:	State:	ZIP Code:
Bank Reference:	Acct. No.:	Phone/email:
Traffic and Accounting emails:		
Shipping instructions (trucker, pallet/wrap/strap):		
Type of ownership:		Years in business:
Annual volume in bags:	No. of Locations:	No. of Employees:
Requested Limit:	Requested Terms:	Months contracted forward:
Description of business:		

TRADE CREDIT REFERENCES

1. Company Name:		
Current address		
City:	State:	ZIP Code:
Contact Name:	Phone:	Email:
Credit Limit:	Terms:	No. Years:
2. Company Name:		
Current address:		
City:	State:	ZIP Code:
Contact Name:	Phone:	Email:
Credit Limit:	Terms:	No. Years:
3. Company Name:		
Current address:		
City:	State:	ZIP Code:
Contact Name:	Phone:	Email:
Credit Limit:	Terms:	No. Years:

Purchaser agrees to pay for all goods as per approved terms, if any. Purchaser agrees that all cost of collection of delinquent accounts including but not limited to attorney's fees shall be borne by Purchaser. A late payment charge of 1% per month will be applied to all delinquent accounts. Purchaser grants an ongoing authorization to verify and exchange credit information about the applicant. All transactions shall be governed by California law, and any legal action may be pursued in a court of competent jurisdiction in California.

Please sign below, acknowledging acceptance of terms and return to ASCITrade@ecomtrading.com	Date
Signature of applicant	Print Name