Atlantic Specialty Coffee, Inc.

Credit Application

Company Name:	Date:	
Address:	Phone:	
	Fax:	
	Email:	
Contact:	Web:	
Shipping Address:		
Bank Reference:		
Account Number:		
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Type of Ownership:	Years in Business:	
Annual Volume in Bags:	Number of Locations:	
Requested Limit:	Number of Employees:	
Months generally contracted forward:	Number of Suppliers:	
Description of Facility:		
Credit Reference		
1. Name of Company:		
Address:		
Phone:		
Contact:	No. Years	
High Credit:	Terms:	
Trade Reference		
1. Name of Company:		
Address: Phone:	Fox No	
Contact:		
High Credit <u>:</u>	Terms:	

* Purchaser agrees that title to all goods shall remain in seller's name until fully paid and agrees that all cost of collection of delinquent accounts including but not limited to attorney's fees shall be 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 transaction 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 acceptances of terms and return to:

Fax: 510.780.1111 Email: ascitrade@ecomtrading.com

Signature (Individual)

Date

Mailing Address: Atlantic Specialty Coffee 24301 Southland Drive, Suite 600 Hayward, California 94545

Print Name