



Credit / Lease Application

Fax To: 443-782-0654

Attn: Finance Department

Phone: 410-280-0908

This application is to be filled out for the purpose of obtaining credit through TheCoffee Corp's commercial customer financing program. The Applicant certifies that all the information provided in this application is true and accurate. The Applicant acknowledges and understands that TheCoffee Corp will forward this credit application to one or more lenders that TheCoffee Corp determines in its discretion may offer a desirable financing match for the Applicant. If any lender extends credit to the Applicant, and the Applicant accepts credit from that lender, the lender will provide the applicable financing instruments and service such instruments under its own name. The Applicant grants permission to TheCoffee Corp and such lender(s) to verify all information in this application regarding the Applicant. The Applicant acknowledges and understands that TheCoffee Corp will NOT be providing any direct financing to the Applicant.

TheCoffee Corp certifies that TheCoffee Corp will use the information requested in this application regarding the Applicant only as stated in the preceding paragraph and in connection with its determination of which lender may offer a desirable financing match for the Applicant.

APPLICANT INFORMATION				
Company Name:			Tax ID#	
Phone:		Fax:		Email:
Address:				
City:		State:		Zip:
Business type (circle one) Proprietorship Partnership Corporation				
If Corporation, Type (circle one) LLC S Corp C Corp				
Years in Business:			Years under current owner:	
Nature of Business:				
PRINCIPAL INFORMATION				
Name:				
Date of birth:		SSN:		Phone:
Current address:				
City:		State:		ZIP Code:
(Circle One)	Own	Rent	Monthly pmt / rent:	Since?
Previous address:				
City:		State:		ZIP Code:
(Circle One)	Own	Rent	Monthly pmt / rent:	Since?
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT				
Name:				
Date of birth:		SSN:		Phone:
Current address:				
City:		State:		ZIP Code:
(Circle One)	Owned	Rented	Monthly payment / rent:	Since?
Previous address:				
City:		State:		ZIP Code:
(Circle One)	Owned	Rented	Monthly payment / rent:	Since?

EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			Since?
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	(Circle One)	Hourly	Salary
			Annual income:
Previous employer:			
Address:			
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	(Circle One)	Hourly	Salary
			Annual income:
BANK REFERENCES			
Bank Name and Address			
Account #	Contact:		Phone:
Bank Name and Address			
Account #	Contact:		Phone:
TRADE REFERENCES			
Name:		Contact:	
City, State, Zip		Phone:	
Name:		Contact:	
City, State, Zip		Phone:	
Name:		Contact:	
City, State, Zip		Phone:	
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:	Mortgage Company:		
Address:			
Contact:		Phone:	Fax:
AUTO LOANS			
Company / Description	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Company / Description	Account no.	Amount	Monthly payment

OTHER ASSETS OR SOURCES OF INCOME	
Description	Amount per month or value

EQUIPMENT INFORMATION		
Description	Quantity	Cost

I authorize TheCoffee Corp to verify the information provided on this form as to my credit and employment history.	
Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

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Revised: 6/14/2009