**FAX**
**508-753-9607**

# BUSINESS APPLICATION FOR CREDIT AND CREDIT CARD AU-

**GOOD AS GOLD COFFEE**
**115 Green St**
**Worcester, MA 01604**

## BILL TO:

Company Legal Name_____
DBA_____
Billing Address

_____
_
City_____ State_____ Zip_____
USA *at this time we do not accept international deliveries.*
Phone (___) _____ Fax (___) _____

(circle one) Corporation Partnership Sole Proprietorship

E-Mail_____

Purchasing Contact_____

Accounts Payable Contact_____

## SHIP TO:

NAME_____
Address *(We cannot deliver to P.O. Boxes. please provide street address.)*

_____
_
City_____ State_____ Zip____
USA *at this time we do not accept international deliveries.*
Phone (___) _____ Fax (___) _____
E-Mail_____
* Attach list of addresses, phone numbers, email addresses and names of persons authorized to order.
Federal ID #:_____

Purchasing Phone: (___) _____

Accounts Payable Phone: (____) _____

***TRADE REFERENCES:*** ***Please Complete With Mailing Address – 4 Trade References.***
***Floor Plan Companies, Credit Card, Additional Bank References and Personal References are NOT Acceptable***

1. Company Name:_____
Customer (Acct.)#:_____
City:_____
State:_____
Phone:_____

1. Company Name:_____
Customer (Acct.)#:_____
City:_____
State:_____
Phone:_____

1. Company Name:_____
Customer (Acct.)#:_____
City:_____
State:_____
Phone:_____

1. Company Name:_____
Customer (Acct.)#:_____
City:_____
State:_____
Phone:_____

**BANK REFERENCES:**
Bank Name_____ Contact Name_____
Mailing Address:_____ City_____ State_____ Zip_____
Phone #_____ Account Type: _____

I hereby affirm that the above information is true to the best of my knowledge. I agree to pay all bills when due including reasonable service charges, collection and attorney fees if collection action is required. I understand and agree to abide by the Good As Gold Coffee Systems, Inc. credit terms.

SIGNATURE _____ DATE _____

## METHOD OF PAYMENT

**Expiration Date** ____VISA ____MASTER CARD ____AMERICAN EXPRESS ____Check/Money

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

_____
(Print) Name of card holder as appears on the credit card

_____
Card Holder Signature / Order Authorized By