



2140 Energy Park Drive Suite C St. Paul MN 55108
Phone 651.209.6102 Fax 651.999.0808

Cafe Imports New Accounts Credit Information
Please complete in full, and fax/mail to us.

Company Name _____
Billing Address _____
City _____ State _____ Zip _____
Business Phone _____ Alternative Business Phone _____
Fax _____ e-mail _____
Website _____
Shipping Address _____
City _____ State _____ Zip _____

Name of Owners _____
Type of Business _____
Corporation _____ Partnership _____ Sole Proprietor _____ State of Incorporation _____
Date Founded _____

Desire Credit Limit _____ Desired Terms _____
Expected Monthly Purchases _____

Business/Trade References

Contact _____ Business Phone _____
Company _____ Fax _____
City _____ Address _____
State _____ Zip _____
Contact _____ Business Phone _____
Company _____ Fax _____
City _____ Address _____
State _____ Zip _____
Contact _____ Business Phone _____
Company _____ Fax _____
City _____ Address _____
State _____ Zip _____

Bank Name _____ **Contract Name** _____
Account# _____ Phone _____
Address _____ City _____ State _____ Zip _____

This signature authorizes named bank to release any information needed regarding bank account for the completion of Cafe Imports credit check. Payment will be made in accordance with the specific terms. In the event of default requiring the placement of claim with an attorney, the customer agrees to the payment of all reasonable attorney fees. Any balance not paid on terms set will bear interest at 1.5% per month, or the highest rate applicable by law, whichever is less.

Authorized Signature _____ Date _____