



New Customer Form

250 West Bradshaw Street Le Center, MN 56057
Phone 507-357-2272 • Fax 507-357-4478



Business Name: _____
Trading As: _____
Primary Address: _____
City: _____ State: _____ Zip Code: _____
Phone # _____ Fax # _____

Shipping Address: _____
City: _____ State: _____ Zip Code: _____
Dock Hours: _____ Call for Appt: _____ If yes, call _____
Lift gate required: _____
Other Instructions: _____

Accounts Payable Contact: _____ Email Address: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone # _____ Fax # _____

Office Use Only:	
Territory ID: _____	Broker Name: _____
Account Type: _____	Email Address: _____
Price List: _____	Phone Number: _____

Credit Application & Guarantee

Corporate Officers

Name _____ Title: _____ SSN# _____

Home Address _____ City, State, Zip _____

Name _____ Title: _____ SSN# _____

Home Address _____ City, State, Zip _____

Bank Reference

Name of Bank _____ Account # _____

Checking _____ Loan _____ Contact _____

Branch Address _____ City, State, Zip _____

Trade Reference – Open Accounts (3 minimum)

1 _____ Tel# _____ Fax# _____

2 _____ Tel# _____ Fax# _____

3 _____ Tel# _____ Fax# _____

PLEASE SIGN AND DATE THE NEXT PAGE

I/We the undersigned, principals and/or officers of the above named company and/or corporation residing at the above address(es), for and in consideration of your extending credit at my/our request to the above named company and/or corporation (Hereinafter referred to as "company") respectively, hereby jointly agree to the terms set forth by National Coffee Roasters/European Roasterie, Inc. understanding that if payment is not kept with terms the account will be placed on COD and/or discounts will be voided and/or shipment withheld. We jointly and severally personally guarantee to National Coffee Roasters/European Roasterie, Inc. or its assigns the prompt payment at the company's billing address (250 W Bradshaw St Le Center, MN 56057) any obligation of the Company and I/we hereby agree to bind myself/ourselves to pay on demand any sum which becomes due to you by the Company whenever the Company shall fail to pay the same. The undersigned also agrees to pay a late charge of one and one half (1 1/2) per month (or maximum allowable under state statute) computed on the un-paid delinquent balance until the account is paid in full and to pay all reasonable attorney fees, collection costs and other costs incurred for collection.

In the event of insolvency of the Company, the filing of voluntary or involuntary petition in bankruptcy, or the making on an assignment for the benefit of creditors, then all liabilities of the Company shall be immediately due, and if not immediately paid will be immediately paid by the undersigned guarantor(s). It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. I hereby knowingly and voluntarily agree to submit to the jurisdiction of the State and Federal courts located in Minnesota. Minnesota Law applied to this guarantee and credit agreement.

Guarantors Name _____
(Please print)

Guarantors Name _____
(Please print)

Signature _____

Signature _____

Date _____

Date _____

Quick Start Credit

PLEASE COMPLETE AND WE WILL SHIP YOUR ORDER IMMEDIATELY.

I authorize National Coffee Roasters/European Roasterie Inc. to charge the following credit card for all invoices. I understand I may cancel this agreement, in writing, at any time. However, I understand all unpaid balances must be paid in full at the time of cancellation.

Name of cardholder as it appears on the card _____

Billing address as it appears on the statement _____

Signature of Cardholder _____

Credit Card (circle one): Visa MasterCard Discover

Card # _____

Exp Date _____ CV2 # _____