



AMERICAN COFFEE CORPORATION  
30 Montgomery Street Suite 215 Jersey City NJ 07302  
www.amcof.com t: 201.433.2500 f: 201.433.2501

### Credit Application

Complete Business Name: \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Year Established \_\_\_\_\_

Tax Identification# \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Bank Officer \_\_\_\_\_ Account No. \_\_\_\_\_

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Business Reference \_\_\_\_\_

Business Reference \_\_\_\_\_

Business Reference \_\_\_\_\_

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Please fax completed form to 201-433-2501 or email to donp@amcof.com