



# InterContinental Coffee Trading Inc.

31316 Via Colinas, Suite 115, Westlake Village, Ca. 91362

T: 818-706-0260 · E: [trading@ictCoffee.com](mailto:trading@ictCoffee.com) · F: 818-706-0261 · W: [www.ictCoffee.com](http://www.ictCoffee.com)

**ICT Credit Application**      **ICT Salesperson:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return by fax - 818-706-0261 or email.*

Legal Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Email(s) (Company/AcctPay/Shipping): \_\_\_\_\_

Corp/LLC( ) Partnership( ) Sole( ) EIN/SS#: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_ No. Employees: \_\_\_\_\_

Total Working Capital of Company: \_\_\_\_\_ Source of Capital: Owner Equity ( ) Borrowed ( )

### Owner/ Officer Information

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **SocSec#:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **SocSec#:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number(s): \_\_\_\_\_ Avg. Cash Bal: \_\_\_\_\_

**Credit limit approved: \$** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**Terms Approved:** \_\_\_\_\_



# InterContinental Coffee Trading Inc.

T: 818-706-0260 · E: [trading@ictCoffee.com](mailto:trading@ictCoffee.com) · F: 818-706-0261 · W: [www.ictCoffee.com](http://www.ictCoffee.com)

## Trade Reference (include Green Coffee references)

Vendor 1: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor 2: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor 3: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing this credit application, the individual executing this agreement represents the information is accurate and complete and is authorized to execute this agreement.** The above information is for the purpose of obtaining credit and is warranted to be true. The above information is willingly supplied and I/we authorize the creditor to contact the above bank and trade references (and others that ICT becomes aware of during the credit review process and from time to time) in order to establish the credit worthiness of the above named company.

Furthermore, I/we authorize InterContinental Coffee Trading to check all available credit sources, including credit reports, to verify our credit worthiness.

Should credit availability be granted by the creditor, all decisions with respect to the extension or continuation shall be in the sole discretion of the creditor. The creditor may terminate any credit availability within its sole discretion.

A finance charge of 1.5% per month (18% per annum) will be added to past due accounts.

In the event of payment default, I/we agree to pay interest at the maximum legal limit allowed by law, collection agency costs, attorney fees and any other costs incurred by such action. A \$25 charge will assessed for return checks.

Purchaser agrees that title to merchandise will remain in seller's name until fully paid.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (pls. print): \_\_\_\_\_ Title: \_\_\_\_\_

I authorize the seller and their assigns to **obtain a consumer credit report** on my credit history.

OWNERS SIGNATURE(S)	PRINTED NAME	SS# (Required)
1. _____	_____	_____
2. _____	_____	_____

### INDIVIDUAL GUARANTEE OF PAYMENT

Company name: \_\_\_\_\_

The undersigned, hereby being the principal(s) of the above business applicant, in consideration of the extension of credit by InterContinental Coffee Trading, jointly and severally, individually, unconditionally guarantee(s) payment of any and all, present and future obligations and indebtedness which the Applicant has incurred or shall incur to the above company.

GUARANTOR'S SIGNATURE	PRINTED NAME	DATE
1. _____	_____	_____
2. _____	_____	_____

*Please return by fax - 818-706-0261 or email.*