



Credit Application

Legal Firm Name: _____

DUNS Number: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip _____

Ownership: Corporation: _____ Partnership: _____ Other: _____

State of Incorporation: _____ EIN Number: _____

Number of Employees: _____ Years at this Location: _____ Years in Business _____

Is your Company a: Branch: _____ Division: _____ Subsidiary: _____

Parent Company Name: _____

Address: _____ City: _____ State: _____ Zip _____

Banking Reference

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Account Number: _____ Phone _____

Officer: _____ Fax _____

Trade References

1) Name: _____ Phone _____ Fax _____

Address: _____ City: _____ State: _____ Zip _____

2) Name: _____ Phone _____ Fax _____

Address: _____ City: _____ State: _____ Zip _____

3) Name: _____ Phone _____ Fax _____

Address: _____ City: _____ State: _____ Zip _____

PLEASE SEND US COPIES OF YOUR MOST RECENT FINANCIAL STATEMENTS

InterAmerican Coffee



Date: _____

To Whom It May Concern:

I hereby authorize:

**InterAmerican Coffee, Inc.
7600 West Tidwell, Suite 800
Houston, Texas 77040**

To request credit information on: _____

Signature _____

Company title: _____

Fax to: **713-462-3857**
Or mail to: **InterAmerican Coffee, Inc.
7600 W. Tidwell, Suite 800
Houston, Texas 77040**