



CREDIT APPLICATION

Name of Business: _____

Address of Business: _____

Phone: _____ Fax: _____ Email: _____

Business Type: Corporation Partnership Proprietorship Other

Federal ID #: _____

OWNER(S) CONTACT INFORMATION

Name: _____ Phone: _____

Home Address: _____ Cell Phone: _____

LANDLORD (mandatory for customers with loaned brewing equipment)

Name: _____ Phone: _____

Address: _____ Cell: _____

_____ Fax: _____

BANK INFORMATION

Bank Name: _____ Phone: _____

Address: _____ Fax: _____

TRADE REFERENCES

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

I hereby authorize Caruso's Coffee to contact the above references. I agree to pay within Caruso's Coffee's specified terms. If I fail to pay within terms, I agree to pay the required collections costs and personally guarantee my account balance with Caruso's Coffee.

Signed: _____ Title: _____

Printed Name: _____ Date: _____

Mail to: Caruso's Coffee, Inc.
6100 W. Snowville Road
Brecksville, OH 44141

Fax to: 440-546-0960