



# Kaffe Magnum Opus Credit Application



## Kaffe Magnum Opus

Credit and Open  
Account Application

500 South Wade Blvd.  
Millville, NJ 08332

856.327.9962  
800.652.5282  
FAX: 856.327.9975

### Name of Principals/Owners

Name	Address	City	State	Zip

### Individual Personal Guaranty

I (we) (listed above), for past credit extended, forbearance on collection for the credit extended and for future credit to be extended, or if credit has not been extended, for future credit to be extended to ( \_\_\_\_\_ ) (herein after referred to as debtor company) hereby guarantees to Kaffe Magnum Opus and its assignees, payment for all charges incurred by Debtor Company. I (we) guarantee unconditionally at all times unto you the payment of any indebtedness or balance of indebtedness whether it now exists or is incurred hereafter and whatever form it may be evidenced, including all costs of collections of past due balances.

This is a continuing guaranty and the extension of the time of payment or the acceptance of any sum or sums on account, or the acceptance of notes, drafts or any security from this debtor, shall in no way weaken the validity of this guaranty. Should any purchase heretofore or hereafter not be paid at maturity, you shall have the right to proceed against me therefore at any time, without any notice and without any proceeding of action against the said debtor, and I waive any demand for payment.

# Kaffe Magnum Opus<sup>®</sup>

SPECIALTY COFFEE ROASTER

***Principals/Owners/Spouses***

Print name \_\_\_\_\_, Social Security Acct# \_\_\_\_\_

Signature \_\_\_\_\_, Personal Guarantor Date \_\_\_\_\_

Print name \_\_\_\_\_, Social Security Acct# \_\_\_\_\_

Signature \_\_\_\_\_, Personal Guarantor Date \_\_\_\_\_

Print name \_\_\_\_\_, Social Security Acct# \_\_\_\_\_

Signature \_\_\_\_\_, Personal Guarantor Date \_\_\_\_\_

Print name \_\_\_\_\_, Social Security Acct# \_\_\_\_\_

**Terms of Sale**

Our standard terms of sale for accounts that are current are Net 14 (the normal inventory turnover period). All purchases are due in full 14 days following invoice date. Late payment charges of 2% per month 24% annually) will be charged to the account on all delinquent balances. Future payments will be applied to those finance charges first, before being applied to unpaid invoices. Approved accounts will be provided a credit limit based on the Net 14 day terms. Other available payment methods are Credit Card, ACH/E-checking and COD money order only.

Submitted by \_\_\_\_\_

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

Date \_\_\_\_\_

# Kaffe Magnum Opus<sup>®</sup>

**SPECIALTY COFFEE ROASTER**

## Billing and Shipping Instructions

**BILL TO:**

**SHIP TO: (or same)**

Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

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

Contact/Title/Cell Phone #: \_\_\_\_\_

## Who Will Have Purchasing Authority

Buyer's Name \_\_\_\_\_ Title \_\_\_\_\_ Limit \$ \_\_\_\_\_

Buyer's Name \_\_\_\_\_ Title \_\_\_\_\_ Limit \$ \_\_\_\_\_

Buyer's Name \_\_\_\_\_ Title \_\_\_\_\_ Limit \$ \_\_\_\_\_

## References

Name	Address	City	State	Zip	*Fax Number
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Trade 1 \_\_\_\_\_

Trade 2 \_\_\_\_\_

Trade 3 \_\_\_\_\_

\*Must include fax number as most businesses will only provide credit information via a form faxed to them.

# Kaffe Magnum Opus<sup>®</sup>

**SPECIALTY COFFEE ROASTER**

## Business Information

Type: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other \_\_\_\_\_ Federal Tax \_\_\_\_\_

### **Business**

**Description** \_\_\_\_\_

Circle products you currently use: **Straights** **Estates** **Blends** **Espresso** **Flavors**

**Decafs** **Organics** **Fair-Trade**

## Bank Information

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

To Whom It May Concern:

For credit purposes, please furnish Kaffe Magnum Opus with all the necessary information on our bank account # \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Business Name/Signers (Signature)

\_\_\_\_\_  
Business Name/Signers (Printed)

\_\_\_\_\_  
Date