



Michaelo Espresso Inc. Credit Application

Company Name _____ Owners Name _____ Today's Date _____

Address (Number & Street) _____ City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____ Date Established: _____

Type of Business

Corporation Partnership Proprietorship Other Fed Tax I.D.# _____

Officers / Owners

Name _____ SSN _____ % Ownership _____

Address _____ Home Phone _____

Name _____ SSN _____ % Ownership _____

Address _____ Home Phone _____

Bank References

Bank _____ Branch _____ Account Number _____

Address _____ Phone _____

Trade References

Name _____ City & State _____ Phone Number _____ Fax Number _____

Name _____ City & State _____ Phone Number _____ Fax Number _____

Name _____ City & State _____ Phone Number _____ Fax Number _____

Authorized Buyers: _____

I authorize Michaelo Espresso, Inc. to investigate the above information for the purpose of granting credit to this company (credit applicant.) I further authorize Michaelo Espresso, Inc. to take appropriate measures to verify the credit application and release Michaelo Espresso, Inc. from any obligation and restrictions imposed by law while researching this information.

Signature: _____ Title: _____ Date: _____

Witnessed by: _____ Title: _____ Date: _____