



WHITE COFFEE CORPORATION
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 LONG ISLAND CITY NY 11105

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 FAX (718) 728-4181
WWW.WHITECOFFEE.COM

PRINT AND FAX FORM TO: (718) 728-4181

CUST.#	<input type="text"/>	REQUESTED TERMS	<input type="text"/>
SLS/BKR#	<input type="text"/>	RTE. CODE	<input type="text"/>
		PAYMENT and DELIVERY HOURS	<input type="text"/>

PLEASE ATTACH SPECIAL BILLING/SHIPPING INSTRUCTIONS

BUSINESS	Shipping or Routing Info
FULL LEGAL NAME:	<input type="text"/>
D / B / A:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Tel.#:	<input type="text"/> Fax #: <input type="text"/> A/P CONTACT: <input type="text"/>
Email Address:	<input type="text"/>

PRINCIPALS INFORMATION	
# 1	<input type="text"/>
Name	Home Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number
# 2	<input type="text"/>
Name	Home Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number
Landlord / Lease Holder	Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number
Type of Bus.(check one)	Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Private <input type="checkbox"/> Franch <input type="checkbox"/>
Years in Business:	<input type="text"/> Resale / ID# or Exempt / ID# : <input type="text"/>
Other / Former Business Owned by Principal:	<input type="text"/>
Bank Name:	Address:
<input type="text"/>	<input type="text"/>
City:	State:
<input type="text"/>	<input type="text"/>
Zip:	<input type="text"/>
Account # :	Contact: <input type="text"/> Tel. # : <input type="text"/>

TRADE REFERENCES	
# 1	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number
# 2	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number
# 3	<input type="text"/>
Name	Address
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code
<input type="text"/>	Telephone Number

I certify that the information above is true and correct to the best of my knowledge.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature and Title	Social Security #	Date