



Meth Coffee Credit Application and Agreement

Name of Business, Federal Tax ID and/or SSN if individual.

Address

City, State, Zip

Telephone

Fax

Email

Type of business (LLC, Corp, Partnership, Sole Proprietorship--please indicate)

Names of Principals, addresses

Bank Name, contact person, address and phone

Trade Reference No.1, contact person, address, phone and fax

Trade Reference No.2, contact person, address, phone and fax

Trade Reference No.3, contact person, address, phone and fax

Accounts Payable contact and phone number

1450 Sutter Street, 109 • San Francisco CA 94109
Phone 415.255.0344 • Fax 415.255.1133

I understand that if I am approved for credit my credit terms are Net 21 unless I am located outside of the state of California in which case the terms are Net 15. My credit limit will be \$500 for a trial period of 90 days, at which point my limit will be based on payment history. I further agree that all past due invoices bear interest at a rate of 1.5% per month or the highest legal rate, whichever is lower. This Agreement constitutes the entire Agreement between the parties and it may not be modified except in writing. The laws of the State of California shall govern this Agreement and the relationships created thereby. The parties hereby irrevocably submit to the jurisdiction of the appropriate court located in the County of San Francisco, State of California. In the event a dispute arises out of this Agreement the prevailing party shall be entitled to an award of attorneys' fees and costs. Each party shall bear its own costs in regard to the execution of this Agreement. In the event any portion of this Agreement is found to be unenforceable, the remainder shall continue in full force and effect.

Executed on the day of _____, 2008.

By (please print name):

Signature:

Approved by (Meth Coffee Management only):

Signature: