



hacea
COFFEE SOURCE

Account Application

Company Name:

Date:

Company FEIN:

Website/Social Media: (So we can follow along!)

Owners First and Last Name:

Owners Email:

Phone Number:

Billing Information

Billing Address:

Billing Contact Name:

Billing Contact Email:

Phone Number:

Preferred Payment Method (Choose One)

Credit Card

Cash

Check

ACH / Online Bill Pay

Coffee Buyers: (Names of additional persons authorized to sign purchase contracts)

Shipping & Delivery Information

Shipping Address:

Delivery Contact Name:

Delivery Contact Email:

Phone Number:

Shipping Address is:

A commercial/business address

A residential address

Liftgate Required? (Choose one)

No, I have a loading dock or forklift to unload.

I need a liftgate for my deliveries.

Delivery Appointments Required? (Choose one)

Carriers may deliver anytime within my receiving hours.

I will need a delivery appointment.

Receiving hours: (4 hr window required)

Special Delivery Instructions: (Door codes, tips...)

Please carefully inspect all deliveries before signing/accepting. Take photos of any damage and note it on the delivery receipt. Any damaged or missing product must be noted at the time of receipt in order for us to file a claim on your behalf.

What is your preferred delivery method? (Choose one)

I prefer to pick up my coffee.

I will coordinate my own freight.

I would like Hacea to arrange my freight.

Do you Prefer green or roasted samples? (Choose one)

Green

Roasted

Preferred shipping address to for samples:

Sign me up for Hacea's email newsletter to receive updates and notifications about new coffees

Yes

No

Owner or Authorized Party (print name)

Signature