

WHOLESALE CREDIT APPLICATION

**COMPANY INFORMATION**

1) Valid resale certificate – Certification of Exemption (include certification of registration number)

2) Current business licence

3) Federal Tax ID Number: \_\_\_\_\_

Fax these to 1.866.620.4490 along with the credit application

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Shipping Address (if different from billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Shipping Account:  UPS \_\_\_\_\_  Fedex \_\_\_\_\_  USPS \_\_\_\_\_

Surepost \_\_\_\_\_  Other \_\_\_\_\_

Estimated Monthly Turnover

12 count boxes \_\_\_\_\_ 44 count boxes \_\_\_\_\_

Specify blend/s also (optional)

**BANK INFORMATION**

Credit Card

Card# \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accounts Payable Contact \_\_\_\_\_

**TRADE REFERENCES**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

- Create user profile at [www.doctorschoice.coffee](http://www.doctorschoice.coffee)
- Email sample invoice to: [info@doctorschoice.coffee](mailto:info@doctorschoice.coffee) with subject "Your Business Name; Customer #; TEST ORDER"
- Download pricing from "My Account" online at [www.doctorschoice.coffee](http://www.doctorschoice.coffee)
- Sign this document and fax to 1.866.620.4490 or email to [info@doctorschoice.coffee](mailto:info@doctorschoice.coffee)
- All URLs or domains that you plan to sell on: \_\_\_\_\_

I give permission to Doctors' Choice™ to process the order from the closest warehouse to the destination zip code. If the order can't be fulfilled completely from one warehouse, I give Doctors' Choice™ authorization to split-ship the orders from the closest warehouses that have the entire order or multiple partial orders to complete the transaction.

**Retailer has carefully read the Policies and Procedures and the Shipping and receiving instructions and agrees to all terms and conditions contained therein.**

**Retailer**

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_