



GUGLIELMO USA, LLC

Waltham, MA 02453 | (P) 617.612.0090 | (F) 617.612.1227 | (E) info@guglielmousa.com | (W) www.guglielmousa.com

Dear Potential Distributor,

Thank you for your interest in our products. We are happy to begin this discussion with you and hope that it will be the beginning of a long lasting business partnership. Our coffee products are quickly becoming a household name and we're glad that you are interested in joining the growing family.

Enclosed you will find a Wholesale/Distributor Application and other Terms and Conditions.

Next Steps:

- 1) Complete the Distributor Application Form and:
 - a. Email to info@guglielmousa.com OR
 - b. Fax it to 617.612.1227 OR
 - c. Mail to:

Guglielmo USA
ATTN: Distributorship
266 Calvary Street
Waltham, MA 02453

- 2) We will confirm receipt via email and review the application. Please allow a minimum of two weeks for review. If you need to place an order before the review is complete, please contact us to arrange payment options.
- 3) Once your application is approved you will receive Wholesale and/or Distributor Pricing information. Your business contact information will then be posted on our website <http://www.lespressousa.com/distributors.php>

We look forward to offering you our excellent product line and highest levels of customer support.

Yours Truly,

Mimmo Elia
President & Owner



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DISTRIBUTOR APPLICATION FORM

1. COMPANY INFORMATION

Full Name/Business Name

Company Type Proprietorship Partnership Corporation Other

Date Business was established

Brief Description

Federal ID No. (E.I.N.)

Sales Tax No.

Billing Address

City/State/Zip

Telephone

Fax

Email

Website

Shipping Address (Same as Above)

City/State/Zip

Telephone

Fax

2. OWNER INFORMATION

Full Name

Title

Social Security #

Address

City/State/Zip

Telephone

Fax

3. BANK REFERENCES

Bank Name

Contact

Account Type

Account #

Address

City/State/Zip

Telephone

Fax

Bank Name

Contact

Account Type

Account #

Address

City/State/Zip

Telephone

Fax

4. TRADE REFERENCES

Company Name

Contact

Company Type

Years Working with Company

Address

City/State/Zip

Telephone

Fax

Company Name

Contact

Company Type

Years Working with Company

Address

City/State/Zip

Telephone

Fax



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5. DISTRIBUTORSHIP INFORMATION

(1) Please define the territory you wish to cover

Horizontal lines for text input

(2) What are your channels for selling the product? Please summarize your plans to sell, promote and distribute the product. (Attach a Detailed Business Plan)

Business Plan Attached

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(3) Do you currently sell any other products?

- No
 Yes (Please Specify)

(4) If you answered Yes to question 3 please provide the following information

Who is your largest customer?

What is your largest customer base? (e.g., restaurants, supermarkets, etc.)

What are your total annual sales?

(5) Distributor Level (Please indicate the expected initial purchase and Quarterly volumes and your basis for the estimates)

Table with 3 columns: Question, Estimated volumes in kg (beans and ground), Estimated volumes in units (Pods and capsules). Rows include Initial Buy, Estimated Average Quarterly Volume, and Estimated time to achieve Quarterly volumes.



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(6) Additional Terms and Conditions

1. First order must be paid in advance. Following orders require a bank letter of credit.
2. Invoices must be paid in FULL within 15 days of invoice date (NET 15).
3. All unpaid balances past the NET 15 terms will be assessed late penalty.
4. Terms of payments are check or bank transfer only.
5. All shipping is FOB Boston.
6. These terms are subject to change and other terms may apply.
7. Supply a federal W-9 form for taxpayer identification and certification. Forms are available: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
8. No Internet/on-line selling rights are implied or considered as part of this application.

We hereby apply for credit and affirm financial responsibility and willingness to pay in accordance with terms and conditions. We certify that all the information provided in and with this application are true and accurate to the best of my knowledge.

I hereby authorize the use of the information provided to verify references and perform all the necessary background and credit checks in order to establish distributor status with Guglielmo USA, LLC.

Company : _____

Print Name : _____

Title: _____

Authorized Signature: _____

Date: _____

Internal Office Use Only
Reviewed by
Date
Approved for <input type="checkbox"/> Wholesale <input type="checkbox"/> Distributor Level 1 <input type="checkbox"/> Distributor Level 2
Other