



**Coffee Enterprises**

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# Client Registration Form

## Grounds for New Business

### Client Information

Company Name

Business Name

Type of Business:

Web Site:

☐ New Customer

☐ Contact Information Update

### Client Billing Address

Department:

Contact:

Address 1:

Address 2:

City:

State:

Zip:

Country:

Notes:

### Mailing Address (If Different)

Contact:

Address 1:

Address 2:

City:

State:

Zip:

Country:

Telephone:

### Payment Information

Name on Card:

Card Number:

Card Type: ☐ Visa ☐ MasterCard

Expiration Date: (MM/YY)

Security Code:

*(The security code is the last 3 digits on the back of your Visa or MasterCard)*

Signature:

### Credit Card Billing Address

Contact:

Address 1:

Address 2:

City:

State:

Zip:

Country:

Telephone:

Notes:

### Company Contact

#### Primary

Name:

Title:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

### Company Contact

#### Accounts Payable

Name:

Title:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

### Company Contact

#### Secondary

Name:

Title:

Office:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

### Company Contact

#### Additional

Name:

Title:

Office:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

Credit accounts may be requested for frequent testing projects.  
Please request a credit application for consideration.

**1) Payment in full is required prior to the release of any data or reports; there will be a 1.5% interest charge per month on late payments.**

**2) Client agrees to pay sender's fees for wire transfers and ACH payments.**

### Additional Client Notes