



Coffee Enterprises
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Hinesburg, Vermont 05461 USA
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info@ce.coffee
www.coffeecenterprises.com

Client Registration Form

Grounds for New Business

Client Information

Business Name: _____

Company Identity (DBA): _____

Type of Business: _____

Web Site: _____

Years in Business: _____

Federal ID# / SS# _____

President/Owner: _____

Chief Operating Officer: _____

Business Type (Government Agency, Public, Corporation, LLC, Sole Proprietor) _____

Billing Address (A/P)

Invoices will be emailed

A/P Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone: _____

E-Mail: _____

Mailing Address (If Different)

Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone: _____

Bank Reference

Bank: _____

Contact: _____

Title: _____

Branch Location: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone: _____

E-Mail: _____

Payment Terms

NET 15 Days with approved Credit

A) In consideration of credit being extended by Coffee Enterprises, the Client guarantees prompt payment when due for all liabilities.

B) Payment shall be made in US Dollars to "Coffee Enterprises"

C) We prefer ACH (Automated Clearing House) or check for payment

D) \$30 bank fee will be charged for payment by wire transfer

E) \$50 fee will be charged for returned checks

F) If credit is not approved or revoked due to late payments, full payment is required prior to the release of reports

G) A 1.5% per month financing charge will be added to all past due accounts.

Client Contact

Primary

Name: _____

Title: _____

Department: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Country: _____

E-Mail: _____

Business Reference

#1

Company: _____

Relationship: _____

Contact: _____

Title: _____

E-Mail: _____

Phone 1: _____

Phone 2: _____

Notes: _____

Business Reference

#2

Company: _____

Relationship: _____

Contact: _____

Title: _____

E-Mail: _____

Phone 1: _____

Phone 2: _____

Notes: _____

Credit Request Authorized By:

A) I hereby authorize Coffee Enterprises to inquire into and obtain any bank, lending institution, credit reference or credit reporting agency listed on the Credit Application, any and all information relating to the Client's creditworthiness or financial condition.

B) Updates to our contact information and/or contact person shall be communicated to Coffee Enterprises.

Name: _____

Signature: _____

Title: _____

Date: _____

Additional Client Notes

Scan for more
information



(revised 11/2024)