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Client Registration Form

Grounds for New Business

Client Information

Company Name

Business Name / Brand

Type of Business:

Web Site:

☐ New Customer

☐ Contact Information Update

Client Billing Address

Department:

Contact:

Address 1:

Address 2:

City:

State:

Zip:

Country:

Notes:

Credit Card Payment

(Visa, MasterCard, or American Express)

Name on Card:

Card Number:

Card Type: ☐ Visa ☐ MasterCard ☐ Amex

Expiration Date: (MM/YY)

Security Code:

(The card security code is typically the last three or four digits printed, not embossed like the card number, on the signature strip on the back of the card. On American Express cards, however, the card security code is the four digits printed (not embossed) on the front towards the right.

Signature:

Credit Card Billing Address

Contact:

Address 1:

Address 2:

City:

State:

Zip:

Country:

Telephone:

Notes:

A 3% service fee shall be added to credit card charges over \$1000 USD.

Client Contact

Primary

Name:

Title:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

Client Contact

Accounts Payable

Name:

Title:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

Client Contact

Secondary

Name:

Title:

Office:

E-Mail:

Phone 1:

Phone 2:

Fax:

Note:

Scan for more information



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 shall add \$30 bank fee when making a wire transfer payment.

Additional Client Notes