



Coffee Enterprises

Coffee Enterprises
110 Riggs Road, Suite B
Hinesburg, Vermont 05461 USA
T: +1 (802) 864-5760 / +1 (800) 375-3398
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

