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Coffee Analysts

Customer Contact Information

Customer Information

Company Name

The contact information form is for new customers or to update information.

Please indicate whether you are adding or updating. If replacing existing information, use the notes to indicate what should be deleted from our records

- New Customer
 Contact Information Update

Billing Address

Department: _____
Contact: _____
Address 1: _____
Address 2: _____
City: _____ State: _____
Zip: _____ Country: _____
Note: _____

Shipping Address (optional)

Contact: _____
Address 1: _____
Address 1: _____
Address 2: _____
City: _____ State: _____
Zip: _____ Country: _____
Note: _____

Phone 1: _____ Phone 2: _____
Fax: _____

Billing Preferences

If you prefer not to provide payment information at this time, a representative can contact you when samples are received to discuss payment options.

Credit Card #: _____
Expiration: _____ Visa Mastercard

Company Contacts

Name: _____
Title: _____
E-Mail: _____
Phone 1: _____ Phone 2: _____
Fax: _____
Note: _____

Name: _____
Title: _____
E-Mail: _____
Phone 1: _____ Phone 2: _____
Fax: _____
Note: _____

Name: _____
Title: _____
E-Mail: _____
Phone 1: _____ Phone 2: _____
Fax: _____
Note: _____

Name: _____
Title: _____
E-Mail: _____
Phone 1: _____ Phone 2: _____
Fax: _____
Note: _____

Name: _____
Title: _____
E-Mail: _____
Phone 1: _____ Phone 2: _____
Fax: _____
Note: _____

Report Disposition Preferences

How would you like to receive your results?

- E-Mail
 Fax
 Post

Who would you like to receive your results and for which products?

Contact	Product Type
_____	_____
_____	_____
_____	_____
_____	_____

Additional Customer Notes

