

CUSTOMER INFORMATION

New Client

Variation Name

Sales Channels

HORECA:	SHOP:	GDO:	WHOLESALE:	ROASTER:
OTHER:				

FISCAL COMPANY INFORMATION

Business Name:				
Registered office address:				
Cap:	City:			Province:
Tel.:	Cell.	Contact:		
Fax:	E.mail:			
Web address:			Coffe brand:	
Vat:		Business registration N°:		
Administrator:				

Operational headquarters if different:

Operation address:				
Cap:	City:			Province:
Tel.:	Cell.	Contact:		
Fax:	E.mail:			

Delivery address:

Company name:				
Delivery Address:				
Cap:	City:			Province:
Tel.:	Cell.	Contact:		
Fax:	E.mail:			

Bank:	Branch:
C/C n.:	IBAN:

TRANSPORT LOGISTICS

Closing day:			Unloading hours:	
Logistical constraints:	ZTL	To floor	Supply Courier:	
			Client Courier:	

Note:

Stamp - Legally signature

Date: _____

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