

Ambassador Coffee Service New Customer Information Form

Company Information

Company Name: _____

Department: _____

Street Address: _____

Street Name: _____

City: _____

Province: _____ Postal Code: _____

Bill To Address (if different): _____

Company Tel: _____ Company Fax: _____

Contact Information	Name	Telephone	Email Address
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Order Contact	_____	_____	_____
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Management Contact	_____	_____	_____
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Billing Information

Are you PST Exempt? No Yes If Yes then PST Number: _____

Are you GST Exempt? No Yes If Yes then GST Number: _____

Would you like your Statements and Invoice via e-mail rather than post mail? No Yes

Please choose one payment option below ...

___ Charge account - Terms: Net 30 Days (cheque only)

___ CCEO - Credit Card on file automatically processed with every order (we will fax you a credit card form)

___ Electronic Funds Transfer (we will fax you our banking details)

Please choose an ordering option below ...

___ I would like an On-Site Account Manager to manage my product ordering (Regina)

___ Rural Route (outside Regina) we call for orders prior to route

___ I will telephone the Order Desk

___ I would like to order on-line

Thank you for choosing Ambassador Coffee Service. Your information will be kept secure.

Please FAX back to (306)565-3740

Internal Use Below Here

Cust No:

SP:

Terr:

SerType:

SerFreq:

SerDay: