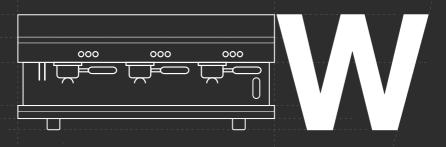


new customer application form



wholesale



PLEASE USE CAPITAL LETTERS TO FILL IN THIS FORM

			Date//
First Name	Surname		
Business Name			
Phone Number			
E-mail Address			
Full Address			
		Postcode	
Requirements:	Coffee Beans	Yes	No
	Equipment	Yes	No
		New	Second Hand
Does the busines	ss operate already?		
Yes			
Which ed	quipment are you using?	>	
Coffee M	1achine		
Grinder .	Grinder Softener		
What co	ffee are you using now?		
Who pro	vides you with maintena	ance at the mor	nent?
Who pro	vides you with training a	at the moment?	
No			
When are	e you planning to open y	our business?	
	TO COMPLETE	BY DOPPIO	