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## NEW CUSTOMER COD ACCOUNT SETUP FORM

Please complete, sign, date and return to [unic.usa.acct@unic-sa.com](mailto:unic.usa.acct@unic-sa.com) for your account to be set up

### Customer

### Vendor

Service Company    Coffee Roaster    Equipment Dealer    Other \_\_\_\_\_

Corporation    Partnership    Sole Proprietorship    LLC    PLC

### Name of Business

#### Billing Address:

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

#### Shipping Address (cannot be post-office box):

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

#### Accounts Payable Contact:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

#### Purchasing Department Contact:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Reseller ID # \_\_\_\_\_

(please attach reseller certificate/permit)

How Long in Business \_\_\_\_\_

How Long at Present Location \_\_\_\_\_

Applicant Signature

Date