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NEW CUSTOMER ACCOUNT SETUP FORM

Please complete, sign, date and return to 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

Accounts Payable Contact:

Name

Email

Phone

Fax

Shipping Address (cannot be post-office box):

Business

Street 1

Street 2

City

State/Prov.

Postal Code

Contact Name

Contact Phone

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