

Carolina Coffee Roasting Company Wholesale Customer Form

Please fill out and return by email, in person, fax, or mail

FULL Name/Business Name:

Full Business Address:

Owner's Name:

Phone Number:

Alt Phone Number:

E-mail:

Preferred Contact Method:

We require a minimum of **two (2)** credit cards on file for payment security:

Credit Card Number & Name of cardholder:

CC# (Visa, Master Card, or Discover only)

Expiration Date:

Security Code:

Zip Code:

Credit Card Number & Name of cardholder:

CC# (Visa, Master Card, or Discover only)

Expiration Date:

Security Code:

Zip Code:

TAX ID No:

Sales Tax ID:

Preferred Method of Payment: — Cash/ Check/ Credit

(Note: A 3% fee will be added to credit card transactions)

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Greensboro, NC 27409
336.271.6533
Fax Number: 336.230.0916