



Send completed form to: sharon@PrimoEspressoCompany.com or fax 925-866-7250

NEW ACCOUNT SET-UP FORM

Account Name:			
Date Submitted:		Expected Install Date:	
P3 80 or less per mo <input type="checkbox"/>		P2 80-150 lbs per mo <input type="checkbox"/>	P1 200+ lbs per mo <input type="checkbox"/>
Primary Contact:		Secondary Contact:	

AP Contact:		Ordering Contact:	
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	<u>Billing Information</u>	<u>Permanent Shipping Information</u>
Address:		
City:		
State:		
Zip:		
County:		
Phone:		
Fax:		
Email:		
*Credit Card:		
Expiration:		CW:

**Initial Accounts are set up with Credit Card Billing. Terms will be set after 45 days.*

Send Invoice to:		
<u>Type of Equipment</u>		<u>Marketing Items</u>

PRIMO USE ONLY

Date Submitted:		Date Entered:	
Customer Type:			
Entered By:			
Assigned To:			