



The Bean Forge Coffee Club Enrollment Form

fill out form completely and fax, mail, or email to The Bean Forge

email to: sales@thebeanforge.com

mail to: **The Bean Forge PO Box 1073 Coos Bay, Oregon 97420**

fax to: **(541)266-9231**

Name _____

Street address (we cannot ship to a PO box) _____

Apt. or Suite _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Billing or Mailing address if different from above:

How often would you like to receive your coffee?

weekly every two weeks monthly other (specify below)

Which coffees would you like to receive?

<u>Coffee Name</u>	<u>Quantity</u>	<u>Size</u>	<u>Grind</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Billing Information: VISA MASTERCARD (circle one)

Credit Card Number _____ Expiration _____

Name as it appears on card _____

Signature of cardholder _____