

**Coffeecell USA Ltd. LLC**

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 Tel : 212-966-6833 Fax : 212-966-6889

Toll-Free : 1-888-668-0808 Fax Toll-Free : 1-800-899-1679

- CUSTOMER ORDER
- RETAIL CUSTOMER ORDER & RECEIPT

check either box (Please Print Clearly to Avoid Delays)

Part 1. Buyer Information			
1. IP Number	2. Name (Business Name) of Buyer	3. Telephone Number	
4.  <input type="checkbox"/> Pick Up   <input type="checkbox"/> Shipping	Ship To : Name		Telephone Number
	Ship To : Address (No P.O. Boxes please)		
	City or Town	State	Zip Code

Part 2. Sponsor Information (NO SPONSOR CHANGES ARE ALLOWED)			
5. IP Number	6. Last Name (Business Name)	7. First Name	8. Telephone Number

Part 3. Product Order (All Transactions are in US Dollars)					
Code	Qty.	Description	Suggested Retail Price	Wholesale Price	Sub-Total
001					
002					
003					
Sub-Total :		Handling / Shipping :	Sales Tax :	Total: USD	

Part 5. Payment Information		
9. Payment Methods: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (Gov't issued photo ID copy required.) <input type="checkbox"/> Cash <input type="checkbox"/> Wire (wire receipt copy required)		
10. Credit Card Number:  _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	11. Cvvs # (last 3 digits on the back of your card)  _ _ _ _	12. Exp. Date (MM/YY):  _ _ _ _
13. Print Name on Card		14. Cardholder Billing Address: _____
15. Signature X	16. Date Signed	

Part 6. Ownership Authorization	complete only if cardholder is different from buyer
17. I, (name of Cardholder) _____, authorize Coffeecell USA Ltd. LLC to deem the listed purchase product(s) to be the purchaser of (name of Buyer) _____, the buyer. I have given notice to the buyer and he/she is in agreement with this authorization. This authorization discharges Coffeecell from any further obligations regarding the shipment of the listed purchase product(s). Cardholder's Signature: X _____ Print Name: _____ Date: _____	

You, the Buyer, may CANCEL this transaction at any time prior to midnight of the third business day after the date of this transaction. See the Notice of Cancellation Form located on page 2 of this document for further details.

<b>Part 7.</b> X _____	Buyer's Signature	Signed at; Address (City, State)	Date
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## Notice of Cancellation:

You may CANCEL this transaction, without any Penalty or Obligation, within THREE BUSINESS DAYS from the above date. If you cancel, any property traded in, any payments made by you under this contract of sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract of sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within twenty (20) days of your Notice of Cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract.

To cancel this transaction, please mail or deliver a signed and dated copy of this Cancellation Notice or any other written notice, or send a telegram, to the independent partner whose name appears on the front side of this form, NOT LATER THAN MIDNIGHT OF the third day after the order date.

I HEREBY CANCEL THIS TRANSACTION.

Part 7.

X

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Signed at; Address (City, State)

\_\_\_\_\_  
Date