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NEW CLIENT FORM



CLIENT INFORMATION:							
COMPANY/IN	STITUTION NAME:						
CONTACT:			POSITION:				
TELEPHONE:			MOBILE:				
EMAIL:							

Which product do you want to buy? Please select.

PRODUCT	QUANTITY
CRANBERRY EVOLVE 300 NITRILE GLVOES	
CARDINAL HEALTH NITRILE EXAM GLOVES COMFORT 250	
KIMTECH PURPLE NITRILE EXAM GLOVES	
ANSELL MICRO-TOUCH MICRO-THIN NITRILE GLOVES 300	
3M HEALTH CARE 1860 FACE MASKS	
3M STANDARD EARLOOP 1820 FACE MASKS	

Other product: _____

DELIVERY/SHIPMENT TERMS : (Please circle your choice.)	FOB	(CIF	OTG					
BILLING AND FINANCING INFORMATION:									
BILLING ADDRESS, CITY, ZIP CODE AND STATE:									
DELIVERY ADDRESS, CITY, ZIP CODE AND STATE:									
INDUSTRY: (GOVT, HOSPITAL MEDICAL OFFICE, HEDGE FUND). PRIVATE (COMP	ANY. E	TC.)					
	<u>, , , , , , , , , , , , , , , , , , , </u>		/						
CLIENTS TRANSACTIONAL ATTORNEY CONTACT:									
PROOFING AND PAYING BANK NAME, CITY AND COUNTRY:									
Please circle your answer on the follow questions									
END USER: YES NO PROXY: YES NO WITH AU	JTHORIZAT	ION:	YES	NO					
WHEN IS IT POSSIBLE TO VERIFY THE CLIENT'S FUNDS (Please tick):									
BEFORE VERIFICATION OF PRODUCT tick AFTER VERIFICATION OF PRODUCT tick									
How did you find us:									