



# NEW CLIENT FORM

CLIENT INFORMATION:			
COMPANY/INSTITUTION 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 COMPANY, ETC.)			
CLIENTS <u>TRANSACTIONAL</u> 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 AUTHORIZATION: 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: \_\_\_\_\_