## **NEW CUSTOMER SET UP FORM**



ATTACH BUSINESS CARD HERE

Please fill out completely and email to CustomerService@threehands.com

		<b>BUSINESS IN</b>	NFORMATIO	)N		
First name:			Last Name:			
Title:	Pho	one:	-I	E-mail:		
Business Name:				DBA:		
Billing Address:	Billing Address: City:			State:	Zip:	
AP Contact:	Pho	one:		E-mail:		
Fax:	Тур	oe of Business:		Website:		
Date Opened:	l.	Resale #				
Shipping Address:	ing Address: City:			State:	Zip:	
Shipping Contact:			Shipping Contact Phone:			
Same as Billing Address			Loading Dock Available: YES NO NO			
		TDADE DE	FEDENCEC			
Company Name: Phone:			FERENCES	E-mail:		
company Name.		one.		L maii.		
Company Name:	Pho	one:		E-mail:	E-mail:	
Company Name:	Pho	one:		E-mail:	E-mail:	
	I have read,	<b>DISCLAIMER A</b> understand and agree to All initial orders will b	all Three Hands	Terms and Conditions		
Signature				Date		
		Internal	Use Only			
Customer Code:	Order #:	Order \$ amo	unt:	Terms Requested:		

## We look forward to serving you!