



BORDOVA

34 Broadway Brooklyn NY 11249
Office: 347-789-3258
Email: Info@BordovaBrand.com
www.bordovabrand.com

Customer Application

Date:

PAGE 1

BILLING INFORMATION		SHIPPING INFORMATION <input type="checkbox"/> Same as Billing Information	
Company Legal Name		Company Legal Name	
DBA (if applicable)		DBA (if applicable)	
Billing Address		Shipping Address	
City	County	City	County
State	Zip	State	Zip
Phone	Fax	Phone	Fax
Email		Email	

COMPANY PRINCIPAL(S)			
Name		Name	
Title		Title	
Home Address			
City	State	Zip	
Mobile		Mobile	
Email		Email	
Terms	Credit Limit	Terms	Credit Limit

BEST WAY TO CONTACT PERSONS REGARDING			
Purchasing Department: Name:		Phone:	Email:
Accounts Payable: Name:		Phone:	Email:

CUSTOMER PROFILE			
Type of Business:	<input type="checkbox"/> Medical Center	<input type="checkbox"/> Hospital	<input type="checkbox"/> Urgent Care
	<input type="checkbox"/> University	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Medical School
	<input type="checkbox"/> Other - Please specify:	<input type="checkbox"/> Homecare Agency	<input type="checkbox"/> Embroidery

TRADE REFERENCES			
Company Name		Company Name	
Address		Address	
City	State	Zip	
Phone	Fax	Phone	Fax
Account #	Terms	Account #	Terms



BORDOVA

34 Broadway Brooklyn NY 11249
Office: 347-789-3258
Email: Info@BordovaBrand.com
www.bordovabrand.com

Credit Card Authorization

Date:

PAGE 2

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete the information below.

I, _____ authorize Bordova Brand to charge my credit card account as indicated below in the amount of _____.

Billing Address			Phone
City	State	Zip	Email

Card Type: Visa MasterCard AMEX Discover

Cardholder Name
Card #
Expiration Date
CVV (3 digit number on back of Visa/MasterCard, 4 digits on front of AMEX)

I Authorize the Bordova Brand to charge my credit card. This payment authorization is for the goods/services ordered. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, as long as the transaction corresponds to the terms indicated in this form.

Signature:	Date:
------------	-------