



# Bovi-Bond Dealer Application CUSTOMER INFORMATION FORM

**In the United States:**

Bovi-Bond  
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USA

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bovibond@vettec.net

**AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES**

NAME OF COMPANY		DATE
PHONE NUMBER	FAX NUMBER	
BILLING ADDRESS		
REGIONAL MANAGER (IF APPLICABLE)		
MAIN OFFICE	BRANCH STORE	OF
NUMBER OF WHOLESALE SHEETS REQ.	NUMBER OF RETAIL SHEETS REQ.	
NUMBER OF SALESMEN	NUMBER OF EMPLOYEES INSIDE	
WHAT GENERAL AREAS DO YOU COVER FROM THIS STORE?		
NAME OF MANAGER		
WHO TO CONTACT FOR PURCHASING	ACCOUNTS PAYABLE	RETURNS & CREDITS
MEMBER OF <input type="checkbox"/> A.F.A. <input type="checkbox"/> F.I.A. <input type="checkbox"/> OTHER	IF OTHER, PLEASE LIST	
ORIGINAL INVOICE SHOULD BE SENT TO		
DO YOU WISH INCOMING SHIPMENTS TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE ANY GENERAL DETAILS SUCH AS DOLLAR LIMITS, AMOUNTS, WEIGHTS, ROUTING AND PREFERENCES. INCLUDE ANYTHING THAT WILL MAKE IT EASIER FOR YOU TO RECEIVE.		

***I certify that the information provided on this form is true and correct***

DATE	PRINTED NAME	SIGNATURE <b>X</b>
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