

## **New Account Application**

Phone: 888.772.0244 Website: bobbarker.com

Referred by: Correctional Dept. Internet/Web Recommendation **Previous Employer** Tradeshow Advertisement Mail List/Publication Phone Other Do you have a bid/quote or order?\* Bid Quote \*Please note this document does not take the place of a credit application. A credit application will be faxed if necessary. Bill to: Ship to: Do you have a loading dock? Yes No **Facility Name Facility Name** Mailing Address Street Address City County City County State Zip State Zip Finance/Accounting Contact **Purchasing Contact** Phone Phone Fax Fax E-mail Address E-mail Address Please fax tax exempt certificate to 800.322.7537 **Fiscal Budget Begins:** Tax Exempt #: **Government:** City State Federal Private: Non-Profit County Profit Credit Card # **Expiration Date** Signature Security Code\* Name on Credit Card \*3-digit number on the back of the card in the signature field. Business/Facility Information: What type of Organization? (Please check box below) County/City Jail Police/City Organization Education/Kids Camp Children's Home State Prison/Agency Commissary Federal Private Management Resale/Wholesale Juvenile Halfway House/Shelter **Boot Camp** Mental Health Construction/Contractor Substance Abuse Manufacturer **Production Company** Salvation Army/Homeless Other Nursing/Healthcare **Security Level: Commissary: Bed Capacity:** Gender: **Health Care:** Self Operated Total Male Female Both Max High Med Min Multi Yes No Privatized

Sign me up to receive information about special discounts, new products and company news!