



3027 Route 9
 Cold Spring, NY 10516
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New Customer Set-Up Form

[must be completed in full and emailed or faxed to above in order to establish account]

Business Name
Buyer Name
Bill to Address
Tel
Fax
Email

Type of Business:

- Retail
- Hospitality
- Catalog
- Internet
- Designer
- Other

Credit Card Information
Card No.
Exp. Date
Cardholder Name
CC Billing Address

The buyer confirms that they have taken cognizance of and accepted our general and special terms and conditions of sale, published on our website.

I hereby affirm that the above is truthful.

Name
Title
Signature
Date

Ship to Address
Shipping Contact
Shipping Tel
Shipping Email
Delivery Times

Shipping Information
<i>Please see "Shipping Charges" document for rate schedule and explanation of accessorial charges.</i>
yes <input type="checkbox"/> no <input type="checkbox"/> Residential Delivery
yes <input type="checkbox"/> no <input type="checkbox"/> Inside Delivery
yes <input type="checkbox"/> no <input type="checkbox"/> Can Receive Pallets
yes <input type="checkbox"/> no <input type="checkbox"/> Can Receive 53' Truck
yes <input type="checkbox"/> no <input type="checkbox"/> Routing Guide
yes <input type="checkbox"/> no <input type="checkbox"/> Liftgate Required
yes <input type="checkbox"/> no <input type="checkbox"/> Limited Access
yes <input type="checkbox"/> no <input type="checkbox"/> Delivery Notification
Please indicate any additional shipping instructions:

Sales and Use Certificate or Tax ID
No.
Type
State Issued