



New Account Application

Phone: 800.334.9880

Website: bobbarker.com

How did you hear about Bob Barker Company?:

Do you have a bid/quote or order?*

Bid

Quote

Order

*Please note this document does not take the place of a credit application. A credit application will be faxed if necessary.

Bill to:

Facility Name

Mailing Address

City

County

State

Zip

Finance/Accounting Contact

Phone

Fax

E-mail Address

Ship to: Do you have a loading dock? Yes No

Facility Name

Street Address

City

County

State

Zip

Purchasing Contact

Phone

Fax

E-mail Address

Fiscal Budget Begins:

Tax Exempt #:

Please fax tax exempt certificate to 800.322.7537

County

City

State

Federal

Private Sector

Management Company:

Credit Card #

Expiration Date

Signature

Name on Credit Card



Security Code*

*3-digit number on the back of the card in the signature field.

Business/Facility Information: What type of Organization? (Please check box below)

☐ State Prison/Agency

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☐ State Prison/Agency

☐ State Prison/Agency

☐ State Prison/Agency

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Other:

Bed Capacity:

Total

Gender:

Male

Female

Both

Security Level:

Max

High

Med

Min

Multi

Does your facility have a Commissary:

Yes

No

Does your facility provide Healthcare?:

Yes

No

If so, managed by which Company?:

If so, managed by which Company?:

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

Email completed form to customerservice@bobbarker.com or fax to 800.322.7537