

Print, Fill out, and Fax to:

Pico Rivera, CA
Fax (562) 942-3423

Westland, MI
Fax (734) 722-1555



(Please Check One)

NEW CUSTOMER **INFORMATION UPDATE**

Resale Licence # _____ Customer # _____ Contact Name: _____

Company Name: _____ Phone # _____ Fax # _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Additional Ship To Addresses:

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit Card

C.O.D

PO Required Yes

Credit Card Information

In submitting this application, I/we authorize Garvey to change/ add credit card information.

Credit Card Billing Information: _____

Name (As it appears on card): _____

C/C Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Type of Card: _____

Card #: _____ **Exp. Date:** _____ **Validation Code:** _____

Authorized Signature: _____ **Title:** _____ **Date:** _____