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## NEW CUSTOMER SETUP

COMPANY NAME \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

WEBSITE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OWNER OR CEO \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

TERMS REQUESTED \_\_\_\_\_

RESALE LICENSE NUMBER \_\_\_\_\_

NOTE\*Copy of actual license required, please fax

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

**This form is to set up new accounts for Harris Pillow Supply. If you are applying for an open credit account we will send a credit application to you. Otherwise your account will be either a credit card or C.O.D. at your request. We accept Visa, Mastercard and American Express.**