



Please fill out the following information below and fax to the appropriate location you wish to do business with. If an opportunity exists, someone from Bonnell will contact you. If, for whatever reason you are not contacted, your information will be kept on file for future reference. Thank you for your interest in Bonnell.

Company Name: _____

Contact Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Postal Zip: _____ Country: _____

Phone#: _____ Fax#: _____

E-mail Address: _____

Company Website: _____

Nature of your Business/ Competitive Advantage:

Specific Commodities/ Services you can offer Bonnell:

- Minority: Yes No
- Company: Private Public
- Payment Terms: Net 45 Days Net 60 Days or more
- Do you offer Consignment Programs? Yes No