

Date: _____

Breeke

New Customer Form

We only sell to customers with a Resale ID. Minimum Order \$300 paid by COD or Credit Card.

Representative Name: _____

Company / Store Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Reseller ID (required) _____

Please fax this completed form to: 304-724-8830 or email it to stthomas@breeke.com

If you have any questions, please don't hesitate to call or email us.

Phone: 304-724-8751

www.Breeke.com