



Cash Account Application

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Type of Business \_\_\_\_\_

Contact Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Contracting Lic # \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you Tax Exempt? Yes No

Exempt Number \_\_\_\_\_ \*\*

\*\* You must provide a completed tax certificate - Please attach to this form

Do you wish to receive messages for sales promotions & events Yes No

Preferred method of communication? E-mail Cell Text Mail

Do you require order numbers or job names on receipts? Yes No

For Office Use Only

Branch \_\_\_\_\_

Market Code \_\_\_\_\_

SID \_\_\_\_\_

Profile \_\_\_\_\_

Date \_\_\_\_\_

Branch Manager \_\_\_\_\_