



Information Needed for Cash Account

Customer / Company Name: _____

Mailing Address:

Street: _____

City: _____ State _____ Zip Code _____

Ship to Address:

Street: _____

City: _____ State _____ Zip Code _____

Phone Numbers:

Office: (____)-____-_____

Cell: (____)-____-_____

Fax: (____)-____-_____

e-mail (optional) _____

Tax Number if Available _____

Names of people authorize to use cash account:

1. _____
2. _____
3. _____
4. _____

Salesman Number _____ Delivery Fee _____ P.L. _____

Distribution Center _____