



New Cash Account

Company Name: _____

Billing Address: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- Taxable
- Tax Exempt

<p><u>OFFICE USE ONLY</u></p> <p>SALES TAX LICENSE OR EXEMPT CERT. ON FILE?</p> <p><input type="checkbox"/> YES. EXP DATE: _____</p> <p><input type="checkbox"/> NO</p> <p>NOTES:</p>

Owner Information

- Corporation
- Sole Proprietorship
- Partnership

Principle/Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____