



WHOLESALE CONTRACTOR INFORMATION

Cash Account (COD)

Date: _____

Company Name: _____

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type: *(circle one)* SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

Phone Number: _____

Cell Number: _____

Fax Number: _____

E-Mail Address: _____

Authorized Buyers: _____

Do you have a tax exemption number? *(circle one)* YES NO

PLEASE NOTE: Your account will be taxable until a resale certificate has been provided.