



CASH ACCOUNT FORM

Company Name: _____

Customer Name: _____

Phone: _____

Address : _____

Email: _____

Salesperson: _____

Resale Certificate: _____

Would you need a Card on file ?

Yes:___ No:___

Type of Contractor:

Hanger___ Finisher___ Turnkey___

Would you like Job References ?

Yes:___ No:___

Residential:___ Commercial:___