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COMPUTER CASH CUSTOMER APPLICATION

- ☐ INDIVIDUAL
☐ PARTNERSHIP
☐ LLC
☐ CORPORATION
☐ LLP
☐ OTHER _____

DATE: _____

ACCOUNT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

FAX: _____

TYPE OF BUSINESS: _____ DATE BUSINESS STARTED/ACQUIRED: _____

STATE OF ORGANIZATION: _____ SS#/TAX ID #: _____

JOB INFORMATION (If applicable)

NAME: _____

ADDRESS: _____

PRINCIPAL CONTRACTOR: _____ BUSINESS PHONE: _____

OFFICE USE ONLY:

Date Approved: _____

Price Break: _____

Segmentation type: _____

Master Account? Y N

Shop Account? Y N

Sub Account (Jobs) Y N

Sales Person? _____

Updated 7/10/19