



Cash Customer Application

BUSINESS/INDIVIDUAL NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONTRACTOR LICENSE #: _____ LIMITATIONS: _____

BUSINESS TYPE: CORPORATION SOLE PROPRIETORSHIP
 INDIVIDUAL REMODELER HOMEOWNER
 LLC NON PROFIT ORGANIZATION

TAX EXEMPT? YES (ATTACH CERTIFICATE) NO

PO REQUIRED? YES NO

FOR OFFICE USE ONLY.

MANAGER APPROVING: _____ DATE APPROVED: _____