



Cash Contractor Form

Clerk #
Clerk Name
Store#
Store Use Only

Company Name _____
 (please print) (if no company name please put in Contact Name)

Contact Name _____
 (please print)

Street Address: _____
 (please print)

City/Town: _____ Province: _____ Postal Code: _____
 (please print)

Telephone #: _____ Fax #: _____ Cellular #: _____

Type of Business/Project: _____ Years in Business: _____

Registration #: _____ Email Address: _____

Authorized Users on Account:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

It is understood that this is a cash account only and not a 30 day credit account.

Contact Name _____
 (please print)

Signature _____

Print _____

Date _____

For Store Use Only					
Store #	Customer Coding		Approved by	Account #	
	Home Cash	pp	dis		
Customer Class					
1= Trade	5= Contractor	7= Church & Service Group	14= Commercial		
3= Private Home Builder/ Home Renovation	6= Government	12= Renovator Contractor	15= Institutional		
Fax Application back to 506-693-7015					