



REQUEST FOR CASH ACCOUNT

COMPANY NAME: _____

BILLING ADDRESS: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

TAXABLE: _____

TAX EXEMPT: _____

ARIZONA TAX RESALE NUMBER: _____

ARIZONA FORM 5000 TAX CERTIFICATE MUST BE ON FILE

****RECEIVING HOURS:** _____

****MAX SKID WEIGHT:** _____

****UNLOAD METHOD:** _____

MATERIAL END USE: _____

OWNER INFORMATION

CORPORATION _____ LLC _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

PRINCIPAL/OWNER'S NAME: _____

ADDRESS: _____ Phone: _____

SIGNATURE

DATE

ACCOUNT NUMBER ASSIGNED _____

TERRITORY _____