CASH APPLICATION

WHA	AT KIND OF ACCOUNT A	ARE YOU OPENING?			Doguired Field*	
	□ BOSINESS □	_			Required Field*	
ACCOUNT INFORMATION						
Na	ame of Applicant (Name	of Account)*				
En	mail Address*					
Cu	urrent Address*					
Но	Home Phone* Cell Phone*			Work Phone*		
Dr	Drivers License #* Drivers License Exp.*			Birthdate*		
TA	XX EXEMPT: ☐ IDAHO	☐ WASHINGTON	☐ NONE	Please provide docu	ımentation for tax exempt status*	
AUTHORIZED USERS/SIGNERS ON ACCOUNT						
	1					
-	Name	Phone		Name	Phone	
-	Name	Phone		Name	Phone	
-	Name	Phone		Name	Phone	
APPLICANT'S STATEMENT - READ & SIGN Everything I've filled in is true and complete to the best of my knowledge. I understand that this is a cash and carry account, and that all payments are due at time of purchase. I agree to the Moscow & Pullman Building Supply, Inc. terms and conditions of sale. In the event an NSF check occurs, the undersigned agrees to pay the legal NSF fee of \$20 per check.						
SIGN	SIGNATURE: PRINT NAME:				DATE:	
Thank	you in advance for your assistance	e. This information will be held	l in confidence.	OFFI	CE USE ONLY	
Please return this form by email to our Accounts Receivable Department:				Account No.	Credit Limit	
ATTENTION: KATRINA FEKKES, ACCOUNTS RECEIVABLE 208.882.4716 ext. 1343 EMAIL: kfekkes@mbspbs.com				Type Acct.	Approved By	
				Location	Date	