CASH APPLICATION

WHAT KII	ND OF ACCOUNT A	ARE YOU OPENING?			Required Field*
		ACCOUNT	INFORMAT	ION	
Name o	of Applicant (Name	e of Account)*			
Email A	\ddress*				
Current	t Address*				
Home i	Phone*	Cell Phone*		Work Phone	è*
Drivers License #* Drivers License Exp.*				Birthdate*	
TAX EX	ЕМРТ: IDAHO	☐ WASHINGTON	☐ NONE	Please provide documer	ntation for tax exempt status*
		THORIZED LICEDS	CACALEDO.	ON ACCOUNT	
AUTHORIZED USERS/SIGNERS ON ACCOUNT					
	Name	Phone		Name	Phone
	Name	Phone		Name	Phone
	Name	Phone		Name	Phone
Everything I'v are due at tin		plete to the best of my knowled the Moscow & Pullman Buildin			account, and that all payments the event an NSF check occurs,
SIGNATU	NATURE: PRINT NAME:				DATE:
Thank you in advance for your assistance. This information will be held in confidence.				OFFICE	USE ONLY
Please return this form by email to our Accounts Receivable Department:				Account No.	Credit Limit
ATTENTION: JESS WEBB, ACCOUNTS RECEIVABLE 208.882.4716 ext. 1343 EMAIL: jwebb@mbspbs.com				Type Acct.	Approved By
				Location	Date