

Four Locations to Serve You

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## **APPLICATION FOR CASH DISCOUNT**

BUSINESS NAME:		
PHONE:	CELL:	Fax:
BILLING ADDRESS:		
		PHONE:
E-MAIL ADDRESS:		
Do you require a PO?		
Would you like emailed purchase receipts?		
Are you tax exempt? <u>I</u>	f so, please attach a copy of WI resale/	/exemption certificate to this form.
PERSONS AUTHORIZED TO USE THIS ACCOUNT: (PLEASE PRINT)		
1	2	
3	4	
5.	6	