



CASH - COD RESALE CUSTOMER TEMPLATE
FOR POS TERMINAL/LUMBER TRACK

DATE: _____ SALES PERSON: _____

BUSINESS NAME: _____ OWNER: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ FAX: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____ DRIVER'S LICENSE NUMBER _____

SHIP TO INFORMATION IF DIFFERENT FROM LOCATION ADDRESS

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

TAX INFORMATION FOR RESALE:

TAX ID NUMBER: _____ (FEDERAL TAX ID)

RESALE NUMBER: _____ **PLEASE FILL OUT COPY OF CERTIFICATE ATTACHED**

BUSINESS TYPE: _____ YRS. IN BUSINESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

SALES EMAIL ADDRESS: _____ FAX NO: _____

CUSTOMER SIGNATURE: _____

ACCOUNTING INTERNAL USE ONLY:

APPLICATION RECEIVED: _____ CASH/COD RESALE

ACCOUNT OPENED BY: _____ DATE: _____

BRANCH: ___BERKELEY ___STOCKTON ___SALT LAKE CITY ___ EDINBURGH___ PERRIS (SOCAL RELOAD)