



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

DATE: _____ MACBEATH SALES PERSON: _____

APPLICANT BUSINESS NAME: _____

BUSINESS OWNER: _____

MAILING ADDRESS OF BUSINESS: (WHERE YOU GET MAIL)

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

ADD TO EMAIL LIST? TO RECEIVE SALE INFO, ETC.

DELIVERY ADDRESS IF DIFFERENT FROM MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____

CONTACT NAME: _____

TAX/RESALE INFORMATION:

FEDERAL TAX ID: _____

RESALE CERTIFICATE #: _____
(MUST INCLUDE COPY OF CERTIFICATE)

CUSTOMER SIGNATURE: _____

BRANCH: BERKELEY _____ STOCKTON _____ SALT LAKE CITY _____ EDINBURGH _____