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Cleveland Office (216) 351-2030 | Fax (216) 351-2033

## **BUILDER/CONTRACTOR CASH ACCOUNT APPLICATION**

Company Name:		Date:		
Addunga			ale and assume the	
Street		P.O. Box	. Вох	
City	State	Zip C	Zip Code	
Phone: ()	FAX: ()	Email:		
Date Started Business:  Sales tax exempt (y/n)	Fede	eral E.L#:		
Corporation	Partnership	Sole Proprietorship	<del></del>	
Company Officers, Owners, and	or Partners:			
Name:	Title:	SS#:		
Name:	Title:	SS#:	· · · · · · · · · · · · · · · · · · ·	
Please circle the products you are	interested in: Brick Tile	e Garage Doors Fireplac	ce Stone	
How did you hear about us				
Applicant's signature certifies that the abo	ve information is correct.			
Authorized Signatu	re	Date		
FOR INTERNAL USE ONLY:				
CIRCLE ONE: PL1 PL2 PL3	APPROVED			
	DATE			