



## NEW CASH ACCOUNT

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*If Tax Exempt – Tax I.D. # \_\_\_\_\_

\*\*Please fill out Tax Exempt Form\*\*

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### **\*OFFICE USE ONLY\***

Class: \_\_\_\_\_ Type: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_