



APPLICATION FOR CASH ONLY ACCOUNT

E-mail or fax completed application to:
credit@slakey.com or 916-478-2008

Date: _____

Firm Name			
Phone #		Fax #	
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
Date Business Started	Federal Tax ID #	Current Owners Since	
Contractors License Classification	State Held	License #	Exp. Date
If no licenses, check one below			
<input type="radio"/> Retail <input type="radio"/> Property Manager <input type="radio"/> Handyman <input type="radio"/> Other _____			
-Ownership-			Taxable? (If no fill out resale cert.)
<input type="radio"/> Corporation <input type="radio"/> Limited Liability Co. <input type="radio"/> Proprietorship <input type="radio"/> Partnership			<input type="radio"/> Yes <input type="radio"/> No
E-mail Address			

SIGNATURE: _____

DATE: _____

Print Name: _____

All NSF checks are charged a \$25 return check fee. Customer agrees to pay all costs of collection including reasonable attorney's fees.

FOR OFFICE USE ONLY

TSR _____ PR TYPE _____ BR _____ CO _____ CTY _____