



COMPASS MATERIALS

Customer Application Form

CUSTOMER INFORMATION

Company Name :

Complete Address :

City/ State/ Zip :

Shipping Address :

Forklift on Site : YES NO

Tax Resale Number :

(IF ACCT REQUESTS TO BE TAX EXEMPT -- YOU MUST ATTACH RESALE CERTIFICATE.)

Contact Name :

Business Phone : FAX :

Cell Phone : Email :

Acct Payable Contact : FAX :

Phone : Email :

PAYMENT INFORMATION

Preferred Method of Payment : COD Credit Card Company Check

Print Name :

Title :

I certify that to the best of my knowledge information given on this form is true and correct .

Signature :

Date :

Sales Rep :

PLEASE NOTE:

1. Retail Customers must submit a copy of their reseller' s license and California State issued Business License.
2. Funds will be verified for company check and company check must clear before material is released.