

Casper Contractors Supply, Inc.

664 Circle Drive Phone 307-472-5421

Casper, WY 82601 Fax 307-577-7773

Toll Free 800-573-csi1 (2741)

www.caspercontractors.com



Application for Open Account

Date _____

Company Name _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____ Cell Phone: _____

Job Phone: _____ Job Fax: _____ Job Cell: _____

Accounts Payable e-mail _____ Job e-mail _____

Accounts Payable Contact: _____ Job Contact: _____

Nature of Business: _____ Established: _____

Sole Owner or Partnership; Please provide the following information:

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

Name: _____ Social Security Number _____

Address: _____ Phone Number: _____

Corporation; Please provide the following information:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Will purchases be taxed? _____ If NO, you MUST fill out a Certificate of Exemption.

Bank Reference: _____ Account Number: _____

City: _____ State: _____ Phone: _____

{Please complete all information. Incomplete information may result in denial of credit.}

Credit References;

1. Name: _____ Fax: _____ Phone: _____ State: _____

2. Name: _____ Fax: _____ Phone: _____ State: _____

3. Name: _____ Fax: _____ Phone: _____ State: _____

4. Name: _____ Fax: _____ Phone: _____ State: _____

5. Name: _____ Fax: _____ Phone: _____ State: _____

Your Requirements:

Do you want Invoices and Statements: FAXED E-MAILED MAILED (Please make sure all information for chosen method are filled in correctly above)

Do you require a Purchase Order? _____ If YES, In Hand? _____

Do You Require Job Names? _____ Job Numbers? _____ Both? _____

Will your purchases be for resale? _____ If so please fill out Certificate of Exemption

Please list personnel authorized to sign for product _____

****It is YOUR responsibility to notify us of changes in authorized signers****

Our Terms and Conditions

1. All purchases will be paid in full within 30 days from date of invoice. Any balance remaining unpaid after this time will be PAST DUE, and subject to a late charge of 1½ % per month until paid in full. At any time when the account is past due the seller may engage an attorney for collection and the undersigned agrees to allow all reasonable attorney's fees and court costs to be added to the principal balance.
2. The undersigned authorizes the seller to deliver merchandise to any person representing him or herself as an employee or representative of the purchaser, and his or her signature will constitute acceptance by purchaser.
3. No merchandise will be returned for credit without the written consent of the seller. Any merchandise so accepted for return will be subject to a minimum 20% handling and restocking fee. Special Order Items are NON REFUNDABLE.

I certify that all the information on this form is correct and that I fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____

Name Printed: _____

Position: _____

Date: _____

Phone: _____