CASH CUSTOMER MASTER

COD PROGRAM: Y _____ N _____

PC# _____ SALESMAN _____

ACCOUNT NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

PHONE: _____ FAX (other): _____

CONTACT NAME: _____

NET PRICING: Y ☐ N ☐ PRINT PRICES ON TICKET: Y ☐ N ☐

PRICING PROFILE: _____ TAX EXEMPT: Y _____ N _____

Attach tax certificate if YES