

THE WALLWORK GROUP

9 Patton Drive, West Caldwell, New Jersey 07006

APPLICATION FOR CONTRACTOR PRICING AND PRE-APPROVED PAYMENT BY CHECK

(FOR USE WITH CASH CUSTOMERS)

GENERAL INFORMATION:

Name of Business				
Billing Address	City	County	State	Zip + 4
Ship-To Address (if different than billing)	City	County	State	Zip + 4
Telephone # () - -	Fax # () - -	Cell # () - -		
Name of Owner (#1)	Title	Social Security #*		
Home Address		Driver's Lic. #*		
Name of Owner (#2)	Title	Social Security #*		
Home Address		Driver's Lic. #*		
We are primarily a (check one):				
<input type="checkbox"/> Residential Replacement Contractor		<input type="checkbox"/> Residential New Construction Contractor		
<input type="checkbox"/> Commercial Design/Build Contractor		<input type="checkbox"/> Commercial Plan & Spec Contractor		
<input type="checkbox"/> Plumbing Contractor		<input type="checkbox"/> Other Reseller <input type="checkbox"/> User		
We have been established _____ years.		Approx. Annual Sales: _____		

*COMPANY CHECKING ACCOUNT INFORMATION:

Name of bank	Account Number
Bank Address	Telephone Number

TRADE REFERENCES: (Major Suppliers Only)

Suppliers Name	City	State	Zip	Telephone #	Fax #	Acct #
Suppliers Name	City	State	Zip	Telephone #	Fax #	Acct #
Suppliers Name	City	State	Zip	Telephone #	Fax #	Acct #

SIGNATURE:

Owner's Signature (#1):	Date:	Owner's Signature (#2):	Date:
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ADDITIONAL INFORMATION:

Do you use purchase orders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:
Name & title associated with email address:	

Please note, you will not be able to purchase certain items containing CFC and HCFC refrigerants unless an EPA approved certificate is submitted.

* Necessary for payment by check. **Attach a copy of your driver's license.**

*** INTERNAL USE ONLY ***

Branch #: _____ Salesperson: _____ Processed by: _____ Date: _____