



**CUSTOMER INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
*(Full Company or Individual Name)*

ADDRESS \_\_\_\_\_  
*(If P.O. Box, please include street address)*

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER (     ) \_\_\_\_\_ FAX NO. (     ) \_\_\_\_\_

MOBILE NO./NAME (     ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY STRUCTURE: (Circle One)   CORPORATION • LLC • PARTNERSHIP • PROPRIETORSHIP

LENGTH OF TIME IN BUSINESS UNDER THE ABOVE NAME: \_\_\_\_\_

FEIN: (Federal Identification No.) \_\_\_\_\_

IF CORPORATION, PLEASE LIST OWNERS & OFFICERS.

\_\_\_\_\_  
\_\_\_\_\_

IF AN LLC, LIST MEMBER(S), HOME ADDRESS(S), PHONE NUMBER(S) & SOCIAL SECURITY NUMBER(S).

\_\_\_\_\_  
\_\_\_\_\_

IF PARTNERSHIP OR PROPRIETORSHIP, LIST INDIVIDUAL(S), HOME ADDRESS(S), PHONE NUMBER(S) & SOCIAL SECURITY NUMBER(S).

\_\_\_\_\_  
\_\_\_\_\_

RESALE NO. (If applicable) \_\_\_\_\_ (Please mail signed Resale Certificate)

CREDIT LIMIT REQUESTED: \_\_\_\_\_

CONTACT PERSON FOR ACCOUNTS PAYABLE: \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT PERSON FOR PURCHASING: \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDER NUMBERS? YES \_\_\_\_\_ NO \_\_\_\_\_

CONTRACTORS LICENSE NUMBER & TYPE \_\_\_\_\_

(Continued on next side)

**CREDIT REFERENCES**

BANK NAME \_\_\_\_\_ BANK OFFICER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

**TRADE SUPPLIERS (NO READY MIX PLEASE)**

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
1. _____	_____	_____	(     ) _____
2. _____	_____	_____	(     ) _____

**PLEASE MARK THE APPROPRIATE BOXES BELOW THAT BEST DESCRIBE YOUR BUSINESS:**

**LICENSE TYPE :**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A General Engineering             | <input type="checkbox"/> C-10 Electrical (General)  | <input type="checkbox"/> C-32 Parking                |
| <input type="checkbox"/> B General Building                | <input type="checkbox"/> C-15 Flooring              | <input type="checkbox"/> C-54 Tile                   |
| <input type="checkbox"/> A&B General Eng, bldng.           | <input type="checkbox"/> C-27 Landscaping           | <input type="checkbox"/> C-53 Swimming Pool          |
| <input type="checkbox"/> C-8 Concrete                      | <input type="checkbox"/> C-29 Masonry               | <input type="checkbox"/> C-50 Steel, Reinforcing     |
| <input type="checkbox"/> C-31 Constr. Zone Traffic Control | <input type="checkbox"/> C-33 Painting & Decorating | <input type="checkbox"/> Other, Please Specify _____ |

**BUSINESS TYPE:**

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Ready Mix             | <input type="checkbox"/> Winery      |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Municipalities        | <input type="checkbox"/> Re-Sale     |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Pumper                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Facilities Management |                                      |
| <input type="checkbox"/> Developer   | <input type="checkbox"/> Maintenance Facility  |                                      |

**BRIEF PROFILE/TYPE OF WORK YOU DO:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TERMS OF CREDIT: NET 30 DAYS**

I (we) hereby grant permission for SPEC-WEST to verify information with the references listed above. I (we) certify the information as submitted is true and correct according to our best knowledge and belief. I (we) further agree to comply with your terms and that if payments are not made within the terms extended and our (my) account is placed for outside collection, I (we) agree to pay all collection expenses incurred during the collection of my (our) unpaid balance, before any further shipments are made under any terms.

Type/Print Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
*(Principal, Officer or Partner)* *(Principal, Officer, Partner)*

OFFICE USE ONLY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only	Account	Letter	B/S	R/S	J/A	A/R