



665 Church Street Whitinsville, MA 01588
TEL 1-800-836-4545 FAX (508)377-5199

APPLICATION FOR CASH ACCOUNT < PLEASE PRINT >

Business Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ - _____ - _____

Email Address: _____

Driver's License #: _____ State _____

This application is for a cash account ONLY. No credit information will be checked. For a charge account, a separate application is required.

Homeowner

Contractor

Paint Contractor

Signature: _____ Name (Print) _____

Date: _____

For Internal Use Only:

Account Number: _____

Salesman _____

Date Set Up: _____

Store: _____

Codes: _____