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CASH CUSTOMER SET UP FORM

BUSINESS NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

CELL # _____

OWNER NAME _____

ADDRESS _____

PHONE _____

STATE TAX ID # _____

IF PAYING BY CHECK:

BANK _____

ACCOUNT NUMBER _____

BANK CONTACT & PH # _____

CHECK SIGNER'S DRIVER LICENSE NO. _____

EXPIRY DATE _____

Check Signer's/Principal's Signature _____

Thumbprint _____

IF PAYING BY CREDIT CARD/ DEBIT CARD:

Name on Card (Business name and Principal's Name) _____

Card Number _____ **Expiry Date** _____

Billing Address on Card _____, _____, _____, _____
(Street, City, State, Zip)

Card Type (Circle One) Visa Mastercard American Express Debit

Card Signer's/Principal's Signature/Date _____

Driver's License No. _____ **Expiry Date** _____

Thumbprint _____

By signing above, I hereby authorize Buffalo Electric Wholesale to charge my card for goods purchased.
This document will remain in force until revoked in writing by the Card Signer.

For Office Use Only

Information Verified By _____ Date _____

Account Set Up By _____ Date _____

Essco Account Number _____ Branch _____

Credit Manager _____ Date _____