CALIFORNIA TOOL & WELDING SUPPLY

RIVERSIDE • HESPERIA • LANCASTER • SAN BERNARDINO • VICTORVILLE • MONTCLAIR • SANTA ANA • FONTANA • CORONA

CASH (COD) A DDI LCATIONI

CASH (C.O.D.) APPLICATION

	For Office Use Only: Account#
PLEASE COMPLETE AND RETURN ASAP MAIN OFFICE (951) 300-2575 201 N. MAIN ST. Email completed to: RIVERSIDE, CA 92501 accounting@cal-tool.co	Approved □ Date Denied □ Approved by
	the purpose of obtaining a cash account and any goods and services sold and conditions set forth and this application shall become a part of all me)
BUSINESS ADDRESS	CITY ST ZIPCODE
BILLING ADDRESS	CITY ST ZIPCODE
TELEPHONE	
FAXOWNERSHIP: □CORPORATION □ PARTNE	
Resale # if applie	le attach resale certificate for non-taxable status.
Accounts Payable Contact Name:	hone #: Email: .
All payments for goods or services sold p in the first paragraph of this application. Said pays I/We agree that should it be necessary for the cred under this account, that the action shall be brought agree that the court may award reasonable attorney held responsible for any debt due for goods/service. The above information is given by the approximation is given by the approximation is given by the approximation.	s have been established beforehand with credit department. uant to this application are to be made at the location of the credit, as described
	Dated:Signed:
	Printed Name:* *Driver's License#:
	Identification Number if no Driver License is required. *ID #:
Office use only:	·1D #;
Sales Representative	

Territory Number_____