



CENTRAL SUPPLY INC.
CONTRACTOR ACCOUNT FORM

CONTRACTOR LICENSE # _____ **DATE:** _____

COMPANY NAME: _____

OWNER'S NAME: _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE: _____

CELL PHONE: _____

BUSINESS FAX: _____

EMAIL: _____

TYPE OF CONSTRUCTION: _____

This form is for a cash account only. All invoices are to be paid in full at the time of order.
(Cash/check/Credit Card)

This does not begin a credit line with Central Supply Inc. Cash Account's purpose is to track sales/order information for the customer listed in the information above.

I am responsible for any orders, COD's, Special orders or charge backs (All credit card disputes including 3rd party) made on this account & will satisfy any unpaid balances.

CARD HOLDER SIGNATURE: _____

PRINT NAME: _____

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Fax 973-405-6820