

# WEINSTEIN SUPPLY

**Division of Hajoca Corporation**

Phone: 610-436-0880 Fax: 610-436-4737

## Cash Account Application

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant is Engaged In the Business Of: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tax Exempt # \_\_\_\_\_

If Tax Exempt, please attach a copy of your exemption certificate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Office Use Only:

Date:

Price Class, Terms, Salesperson

