



3114 S Cherry Ave
Fresno CA 93706
559-485-3900

PRE-PAY ACCOUNT

Date: _____

Business Name: _____

Contact: _____

Billing Address: _____

Will Call Only

Credit Card on File Requested

Phone # _____ **FAX #** _____

Cell # _____ **Email:** _____

Taxable? Yes/No **County:** _____

Resale? # _____ *(Complete a CA Resale Card & attach)*

Special Instructions: _____

Requested Ship To Address: _____

Requested By Inside Sales Person: _____

Customer Signature: _____
