PREPAY ACCOUNT APPLICATION

ACCOUNT INFORMATION

NAME _____ PHONE _____

BUSINESS NAME _____ EMAIL _____

WE PREFER TO EMAIL, RECEIPTS, INVOICES AND STATEMENTS. IS ABOVE EMAIL OKAY TO SEND THESE TO? YES / NO

BILLING ADDRESS _____ CITY/STATE/ZIP _____

DELIVERY ADDRESS _____ CITY/STATE/ZIP _____

PLEASE CHOOSE ONE PAYMENT METHOD FOR CPI TO KEEP ON FILE. CREDIT CARD OR ACH

CREDIT CARD # _____

EXP DATE. _____ CVV _____ BILLING ZIP CODE _____

OR

ACH ROUTING # _____ ACCOUNT TYPE

CHECKING ☐

ACCOUNT # _____ SAVINGS ☐

*** ***PLEASE NOTE YOUR CREDIT CARD / ACH PAYMENT WILL BE PROCEESSED AT THE TIME OF INVOICING, UNLESS PRIOR CASH/CHECK PAYMENT HAS BEEN MADE. IF PAYMENTS ARE DECLINED, RETURN CHECK FEE/FINANCE CHARGES MAY BE APPLICABLE. YOUR ACCOUNT WILL BE PUT ON HOLD FOR FUTURE PURCHASES UNTIL YOU BALANCE IS PAID IN FULL.*** ***

BY SIGNING BELOW, YOU ARE AUTHORIZING CEMENT PRODUCTS, INC. TO PROCESS YOUR CREDIT CARD / ACH FOR PAYMENT OF PRODUCTS AND SERVICES ACCORDING TO CEMENT PRODUCTS, INC'S TERMS AND CONDITIONS. SEE WEBSITE WWW.CEMENTPRODUCTSINC.COM. YOU ARE ALSO AUTHORIZING TO KEEP YOUR PAYMENT INFORMATION OF FILE.

AUTHORIZED CARDHOLDER SIGNATURE _____ DATE _____

OFFICE USE ONLY CUSTOMER ID _____ DATE _____

ENTERED BY _____ SALESMAN _____

NOTES

SEE TERMS AND CONDITIONS