EASTSIDE STAPLE & NAIL

REQUEST FOR CASH ACCOUNT SET UP WITH OR WITHOUT A RESELLER PERMIT

TODAY'S DATE:

Please print clearly

BUSINESS NAME:

BUSINESS ADDRESS:

BUSINESS PHONE#:

CELL PHONE#

EMAIL ADDRESS : _____

CREDIT CARD NUMBER: (optional)

_____

EXPIRATION DATE: _____

CCV (3 DIGITS ON THE BACK OF CARD)_____

INTERNAL USE ONLY

SALES REP NAME:

Eastside Staple & Nail, Inc
18565 142nd Ave Ne, Woodinville, WA 98072
Phone: (425) 641-6191 Fax: (877) 835-8491