



Cash Discount Application

Please print & Fill out completely

Individual Business

Last Name: _____ First Name: _____ M.I. _____

Business Name If Applicable: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address (If Different): _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Cash or Check Only-15% discount Debit or Credit Card Only - 12% discount

In order for your discount to go into effect immediately, you must provide three months of receipts showing \$300 in average monthly purchases. If receipts are not available, your discount will be activated after three months of you averaging \$300 in monthly purchases.

Date _____ Signature _____

For Office Use Only

Approval _____ Date _____ Account # _____ Associate _____