

Benjamin Moore®

Schuele Paint Company



Cash Account Application

Name of Owner: _____ Today's Date: _____

Name of Business: _____ Phone: _____

Business Address: _____ Fax: _____
(No PO Boxes)

City: _____ State: _____ Zip: _____ Social Security #: _____

Nature of Business: _____

Would you like a salesman to contact you? YES NO

If you would like a credit card number stored on your account please fill out the following information:

Credit Card Number: _____

Type of Card: _____ Expiration Date: _____

Name on Card: (If different than above) _____

Address of Cardholder: _____

Email Address for Notification of Charge: _____

I/ the undersigned agree that the above information is correct and give Schuele Paint Company permission to set up an account with this information that I have provided.

Signature: _____ Date: _____

Printed Name: _____

***** IF YOU WOULD LIKE THE ABILITY TO PAY WITH A PERSONAL CHECK, A PHOTO COPY OF YOUR NYS DRIVERS LICENSE IS REQUIRED! *****

Store where application was completed:

- Amherst Buffalo
 Clarence Orchard Park

For office use only	
Ok'd By:	_____
Entered:	_____
Notified:	_____
Acct. #:	_____