

# 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. #:	_____