

CASH ACCOUNT AGREEMENT

LEGAL NAME OF COMPANY: _____

MAILING ADDRESS: _____
STREET CITY / STATE / ZIP

SHIPPING ADDRESS: _____
STREET CITY / STATE / ZIP

PHONE: _____ CELL: _____ FAX: _____

EMAIL: _____

OWNER'S NAME: _____

TAX EXEMPT: YES NO

If tax exempt, please attach a copy of the Pennsylvania Tax Exemption Certificate. A copy of this can be found on www.csipgh.com > Resources. NO substitute forms will be accepted.

Please attach copy of EPA Certification.

SIGNATURE: _____ DATE: _____

NAME (please print) : _____