



Cash/History Account Form

| | | |
|---|-----------|-------|
| Company Name: | | |
| Address: | | |
| | | |
| City: | State: | Zip: |
| Main Phone: | Main Fax: | |
| | | |
| Contact Name: | | |
| Contact Phone: | | |
| Contact Email: | | |
| | | |
| Are your purchases eligible as non-taxable from CO state sales tax? | *YES | or NO |
| *If non-taxable, please provide us with a copy of your State Tax Number | | |

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