

Date: _____
 Company Name or Trade name: _____
 Owner or Individual Name: _____
 Address: _____ City/Prov.: _____ Postal Code: _____
 Phone: _____ Fax: _____ Cell: _____
 E-mail 1: _____ E-mail 2: _____ E-mail 3: _____
 How long in business: _____ Under present ownership since: _____

TYPE OF BUSINESS [Mandatory - Mark ALL the categories that apply]

- | | | |
|--|--|---|
| MN <input type="checkbox"/> O.E.M. | BS <input type="checkbox"/> Building Supply Dealer | CM <input type="checkbox"/> Competitor |
| RB <input type="checkbox"/> Road Builder | WH <input type="checkbox"/> Wholesaler | RR <input type="checkbox"/> Residential Roofer |
| SC <input type="checkbox"/> Stucco Contractor | WP <input type="checkbox"/> Water Proofing | GC <input type="checkbox"/> General Contractor |
| HB <input type="checkbox"/> Home Builder | DC <input type="checkbox"/> Drywall Contractor | FC <input type="checkbox"/> Framing Contractor |
| CC <input type="checkbox"/> Ceilings Contractor | TC <input type="checkbox"/> Drywall Texture Contractor | DB <input type="checkbox"/> Drywall Boarding Contractor |
| DF <input type="checkbox"/> Drywall Finishing Contractor | RN <input type="checkbox"/> Renovator | IN <input type="checkbox"/> Insulator |
| RS <input type="checkbox"/> Restoration Contractor | OT <input type="checkbox"/> Other | |

We would like to keep you updated with relevant monthly specials, promotions, and special events. Please provide your consent to receive marketing e-mail messages from us. You can unsubscribe at anytime. **YES, I OPT-IN**

TERMS OF CASH SALE ACCOUNT

- Form of acceptable payment: Cash, Debit Card, Visa, Mastercard, American Express. CGSL will **NO LONGER** accept PERSONAL OR COMPANY CHEQUES, 3RD PARTY CHEQUES, BANK DRAFTS, MONEY ORDERS OR CERTIFIED CHEQUES, for any cash sales. **NO CREDIT PRIVILEGES WILL BE ATTACHED TO THIS ACCOUNT.**
- The information contained above, is provided to assist CGSL in setting up and maintaining pricing, customer service, product returns [Subject to CGSL policy as contained on the invoice] and marketing. I agree that CGSL can e-mail or mail marketing information from time to time.
- CGSL will not sell, trade or release your information to any party without your consent, unless court ordered or legislatively required to do so.
- I/we declare that the information given above is true and accurate in every respect.

Company Name: _____ Individual Name: _____
 Name and Position: _____ Signature: _____
 Signature: _____

THIS SECTION IS FOR CGSL INTERNAL USE ONLY

Branch: _____ Sales Rep: _____ Customer Price Profile Code: _____

Authorized By: _____ Date: _____
(SALES MANAGER, ASST. SALES MANAGER or BRANCH MANAGER)

- BUILDING SUPPLY DEALER BUILDER DRYWALL STUCCO MODULAR ROOFING

Press PRINT before closing this PDF. You can only "SAVE" the information you placed in the form if you are using a newer version of Acrobat Reader (X or higher).