

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

1. 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.**
2. 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.
3. CGSL will not sell, trade or release your information to any party without your consent, unless court ordered or legislatively required to do so.
4. 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

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