Gypsum By McCarthy 2625 S. Salina Street Syracuse, NY 13205 PH: 315-478-6169 Fax: 315-478-2903

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DATE:		Salesperson:	
Company Name:		Phone: Fax:	
City/State/Zip:		E-mail Address:	
Mailing Address If Different:			
Number of Years at the Above Years of Operation Under This			
Are You: Individual Owner SSN or EIN #:	Partnership	Corporation INCLUDE RESALE (– (Please Circle one) CERTIFICATE IS APPLICABLE
If Incorporated - Date of Incorporation		State Incorporated In:	
Corporation Attorney's Name a	and Address:		
Corporation Account Names a	nd Address:		
	OWNER, PART	NER, PRESIDENT INFO:	
1) Full Name: Hone Address:		Postion	:
City/State/Zip Hone Phone:		County Cell Phone	
SSN #:		E-mail	

2} Full Nam Hone Ad			Postion:	
City/Stat			County:	
Hone Ph SSN #:	ione:		Cell Phone:	
55IN #.			E-IIIdII.	
Bank Na Bank Ad	me: dress/Branch		Acct No	
Phone N	· · · · · · · · · · · · · · · · · · ·		Contact:	
		Credit Reference	<u>s (four are requested)</u>	
<u>Name</u>		Address		FAX Number:
			g or threatened against you?	
Any cheo	cks issued within tl	ne past 6 months which we	re not paid due to insuffucient fur	ids for any reason:
Have you or your partner(s) ever done business with us before If so under what name(s)?				
		psum by McCarthy, Inc. FR	OM	
1)	-		edit and trade references to verify	our credit standing
2)		authorize them to release	-	
2)		•	(excluding tax)/Net 20th EOM and Discounts are date driven bu the	•
3)	If it becomes no	ecessary to effect collection	n, I/WE agree to pay all costs of co	
4)		rt costs and attorney fees.	Inc. extending credit, I/WE jointly	and severally do
4)			Il times, to Gypsum By McCarthy,	
	and/or assigns,	the payment in indebtedn	ess of balance of indebtedness of	the within named firm.
	Print Name		S	gnature
	Print Name		S	gnature
	Print Name		S	gnature
	Print Name			gnature
	Philt NdHe		3	Sharare