

Washington, DC 20002 Tel. 202-789-0500 Fax. 202-289-3919

22 K Street, NE

www.descowashington.com

DATE \_\_\_\_\_20\_\_\_

## **CASH ACCOUNT PROCESSING FORM**

| FIRM NAME (hereinafter "Pur  | chaser")  |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| Date Established   |   |                                      |                                      |
| STREET ADDRESS:  |   |                                      |                                      |
| CITY:  |   | STATE:                               | ZIP:                                 |
| PHONE:   |   |                                      |                                      |
| FAX:   |   |                                      |                                      |
| EMAIL:   |   |                                      |                                      |
| Dominion Contact/Sales Pers  | on:   |                                      |                                      |
| TYPE OF BUSINESS   |   |                                      |                                      |
| □Architect □Builder □Builder □Builder □Comml & Resi Contractor □General Contractor □Indu □Remodelor □Residential C | □Designer □I<br>strial □Kitche<br>ontractor □Of | DataComm 🗖<br>en/Bath 🗖 Prop<br>ther | Engineer Government perty Management |
| HOW DID YOU HEAR OF DOM  | NION?   |                                      |                                      |
| PRINCIPALS:  |   |                                      |                                      |
| FULL NAME S  | S#  | HOME ADDI                            | RESS (CITY, STATE, ZIP CODE)         |
| Do you need online access?   | □Yes  | □No                                  |                                      |
| If yes, please complete the in   | ormation below                                  | N:                                   |                                      |
| Authorized User Names (pleas   | e print):                                       |                                      |                                      |
| Company Title:   |   |                                      |                                      |
| E-mail Address:  |   | @                                    |                                      |
| Phone Number:  |   | Fax Nu                               | ımber:                               |
| Supervisor/Manager (if applicable  | e):   |                                      |                                      |
| Access Available to USER (p  | lease check all                                 | that apply)                          |                                      |
| □Product Orders □Product   | Price Availabilit                               | ty 🗖 Account S                       | Status 🗖 Account History             |
| PRINTED NAME   |   | TITLE_                               |                                      |
| SIGNATURE  |   |                                      |                                      |