



PO Box 690 · 1503 West Stein Highway · Seaford, Delaware 19973
Phone (302) 629-7911 · Fax (302) 629-2601



APPLICATION TO ESTABLISH ACCOUNT FOR CASH SALES

**ALL INFORMATION MUST BE COMPLETED
THIS IS NOT AN APPLICATION FOR CREDIT**

Name _____ Phone (____) _____

Address (Street/Box) _____ Fax(____) _____

City _____ County _____ State _____ Zip _____

Drivers License # _____ State Issued _____ Birth Date _____

Company Name _____ Business (____) _____

Address (Street/Box) _____ Cell (____) _____

City _____ County _____ State _____ Zip _____

DE Contractor's License No. _____

MD Contractor's License No. _____

State of _____ Contractor's License No. _____

We operate _____ business.

(State Type and Nature of Business)

Customer Signature _____ **Date** _____

.....
FOR PENCO USE ONLY:

Salesman _____

Branch _____

Default Price Class _____