

Gypsum By McCarthy 2625 S. Salina Street Syracuse, NY 13205



PH: 315-478-6169 Fax: 315-478-2903

| DATE: | | Salesperson: | |
|---|--------------|--------------------------------|---|
| Physical Address: | | Fav: | |
| 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 IF APPLICABLE |
| If Incorporated - Date of Incorporation | | State Incorporated In: | |
| Corporation Attorney's Name | and Address: | | |
| | | | |
| | | | |
| Corporation Accountant Name and Address: | e(s) | | |
| | | | |
| 1) Full Name: | OWNER, PAR | TNER, PRESIDENT INFO: Postion | , |
| Hone Address: | | | · |
| City/State/Zip | | County | |
| Hone Phone: SSN #: | | Cell Phone E-mail | |

| 2} Full Name: Hone Address: | | Postion: | | | |
|--|---|-------------------------------|---------------------------------|--|--|
| City/State/Zip Hone Phone: SSN #: | | County: Cell Phone: E-mail: | | | |
| Bank Name: Bank Address/Branch | | | Acct No: | | |
| Phone Number: | | Contact: | | | |
| | Credit References (four are | e requested with FAX number | ers ONLY) | | |
| <u>Name</u> | <u>Address</u> | | FAX Number: | | |
| | | | | | |
| | | | | | |
| Are there any judgme | nts or legal proceedings penc | ling or threatened against yo | ou? | | |
| If so, explain: | | | | | |
| Any checks issued witl | nin the past 6 months which | were not paid due to insuffu | cient funds for any reason: | | |
| | ner(s) ever done business wi | th us before? | | | |
| If so under what name(s)? Cash or Credit: | | | or Credit: | | |
| | | | | | |
| | to Gypsum by McCarthy, FRO | | | | |
| | orize you to contact all bank, | | to verify our credit standing | | |
| with them and authorize them to release said information to you. 2) I/WE understand your terms are 2% 10th (excluding tax)/Net 20th EOM and invoices past due are | | | | | |
| subject to | 1.5% service charge per mon | th. Discounts are date drive | n bu the document date. | | |
| | es necessary to effect collect | - | ests of collection including | | |
| | e court costs and attorney fee | | intly and coverally de | | |
| | ration of Gypsum By McCarth guarantee unconditionally, a | • | · | | |
| · | • | | dness of the within named firm. | | |
| | | | | | |
| Print | Name | | Signature | | |
| | | | | | |
| Print | Name | | Signature | | |
| 0.3.4 | Namo | | Signatura | | |
| Print | Name | | Signature | | |
| Print | Name | | Signature | | |
| | | Dated | web | | |

Gypsum byMcCarthy

2625 South Salina St. Syracuse, NY 13205-1528

315-478-6169 FAX 478-2903

To Our Valued Customers:

We have started to implement an Auto Send program with which you can receive your invoices and/or statements via e-mail. If you would like to participate please respond as per the following:

Send E-mail to: Accounting@gypsumbymccarthy.com

Subject: Auto Send

Provide the Contact Name and e-mail address to send the above to within the body of the e-mail.

Thank you,
GYSPUM BY McCARTHY

Account Dept.