

Please fill out form as complete as possible or at the very least, attach business card.



CASH ACCT APPLICATION Business Line (805) 485-0455

Fax (805) 983-3909

Mailing Address: PO Box 5027 Oxnard, CA 93030 Accounting/Credit (805) 485-0456
Address: 833 Maulhardt Avenue Oxnard, CA 93030

COMPANY LEGAL NAME / YOUR NAME _____

CONTACT NAME (If Business) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL _____ FAX _____

SHIPPING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS : _____

ADDITIONAL NAMES:

CONTACT NAMES AND EMAIL: _____

CONTACT NAMES AND EMAIL: _____

If you are a RESELLER -- Please attach a filled out CURRENT CERTIFICATE of RESELL or an AG exempt form if a Farmer

CONTRACTOR'S LICENSE NO. _____

TYPE OF BUSINESS (Please be specific, _____

list types of service and or prodcuts) _____

PIPE, VALVES, FITTINGS & MATERIALS FOR IRRIGATION, INDUSTRY & CONSTRUCTION

ALL NSF CHECKS WILL HAVE A \$50.00 CHARGE. IF IT BECOMES A GENERAL PRACTICE, WE RESERVE THE RIGHT TO REFUSE YOUR CHECK. ALL RETURNS ARE SUBJECT TO A RESTOCKING CHARGE AND MUST BE DONE WITHIN 30 DAYS OF PURCHASE AND MUST HAVE A COPY OF THE INVOICE.

www.coastalpipco.com

Please fill out form as complete as possible or at the very least, attach business card.