



833 Maulhardt Ave  
Oxnard, CA 93030

# CASH ACCOUNT APPLICATION

Accounting:  
(805) 485-0456

Email:  
Sarah@coastalpipco.com

**COMPANY LEGAL NAME / YOUR NAME:**

CONTACT NAME (If Business):

MAILING ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

CELL NUMBER:

SHIPPING ADDRESS (If Different):

CITY:

STATE:

ZIP:

E-MAIL ADDRESS:

**ADDITIONAL NAMES**

CONTACT NAME:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

CONTACT NAME:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

If you are a RESELLER – Please attach a filled out CURRENT CERIFICATE OF RESELL or an AG exempt if a Farmer.

CONTRACTOR’S LICENSE #:

QUALIFIED APPLICATOR LICENSE # or CERTIFICATE #:

TYPE OF BUSINESS (Please be specific, list types of service and/or products):

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

ALL NSF CHECKS WILL HAVE A \$50.00 CHARGE; IF IT BECOMES GENERAL PRACTICE, WE RESERVE THE RIGHT TO REFUSE YOUR CHECK.

ALL RETURNS ARE SUBJECT TO A RESTOCKING FEE. RETURNS MUST BE DONE WITHIN 30 DAYS OF PURCHASE AND HAVE A COPY OF THE INVOICE.