



Horizon™

CASH CUSTOMER FORM

DATE: _____

COMPANY NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE# _____

DRIVERS LICENSE # (if paying by check) _____

TYPE OF BUSINESS: _____

TAXABLE: _____ YES _____ NO (circle one)

(If "No", Tax Exempt form needs to be completed and signed by an authorized signer of company)

Print Name Here _____

SIGNATURE _____

Please Fax Back to the Credit Department @ (480) 619 - 6302

Mail to Horizon: 261 N Roosevelt St. Chandler, AZ 85226

FOR HORIZON USE ONLY

PRICE TYPE _____

COUNTY _____

SALES REP _____

CITY _____

CUST TYPE _____

TERRITORY _____

CREDIT REP _____