



New Customer – Cash Only Account

Date: _____

Business Name: _____

Billing Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone: (____) _____ Fax: (____) _____

Contact Name: _____ Email: _____

A/P Contact: _____ Email/Phone: _____

Shipping Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Contact Name: _____ Email: _____

Resale Number: _____ AZ5000A Form Attached: _____

State Contractor's License Number: _____

Administrative Use Only

Salesperson: _____

Date Entered/by: _____

Cash Account Only: _____

TRUTEMP, LLC
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(602) 269-1001 (602) 269-7686 Fax