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CRS# 01-078382-002

Application for Cash Account

Fax back to Sara @ 247-8364 or Email Sara@gormanindustries.com

Request Date: _____ PO REQUIRED YES NO

Request Completed by: _____

Company Name: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Ship To Address: _____

City/State: _____ Zip Code: _____

Telephone #: () _____

Fax #: () _____

Mobile #: () _____

E-Mail Address: _____

Check one of the following: Corporation Partnership Proprietorship

Names and Titles of Officers or Partners:

Bank Information: Bank: _____

Account #: _____

Contact: _____

Contractor's License #: _____ Classification: _____

Gas License #: _____ EPA Certification #: _____