





## **CASH ACCOUNT APPLICATION**

Return Completed form to <u>AR@Central-Valley.com</u> or by fax to (707) 261-7952

		Salesperson:					
	PLEASE F	PRINT LE	EGIBLY OR YOUR ACCOU	NT MAY NOT B	E ENT	ERED	
Customer:							
	First		MI		La	st	
Company Name (If	applicable):_						
Street Address: (No P.O. Box)							
City Type of Account (Pl				State		Zip Code	
O Non-Track Cor		,	Tract Builder		0	Commercial / Trades	
O Agriculture		0	Wholesaler		0	DIY/Retail	
		_		is account:	0	DIY/Retail	
O Agriculture		_		is account:	0	DIY/Retail	
O Agriculture		_		is account:	0	DIY/Retail	
O Agriculture		_				DIY/Retail	
O Agriculture		_					
O Agriculture Person(s) including		_	authorized to use th				
O Agriculture Person(s) including	yourself, who	o are a	authorized to use th	Y			