



(602) 237 3809
38743 Cowtown Road
Maricopa, AZ 85138
info@sacate.com

Customer Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
Mobile Phone: _____ E-mail: _____
Resale Tax ID: _____
Type of Business: _____ How Long in Business: _____

YOUR STATE RESALE PERMIT MUST ACCOMPANY THIS FORM

ORGANIZATION TYPE Partnership Proprietorship Corporation

Principal Name (1): _____ Title: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Principal Name (2): _____ Title: _____
Home Address: _____ City: _____ State: _____ Zip: _____

TRADE REFERENCES:

Name _____ City _____ Phone: _____
Name _____ City _____ Phone: _____

REFERRED BY _____

The above information is correct and I (we) agree to advise of any changes in writing. Sacate Pellet Mills, Inc. agrees to keep all information confidential.

By: _____ Title: _____ Date: _____

SIGNATURE OF PRINCIPAL REQUIRED TO PROCESS THIS FORM

REV 9/2019