

## **CASH ACCOUNTS**

BRANCH #	PRICING LVI	<u>-</u>	
EPA LEVEL	EPA#		<del> </del>
NAME OF BUSINESS_			
MAILING ADDRESS			
CITY	COUNTY	STATE	ZIP
PHONE	STREET ADDRESS		
HOME OFFICE	TYPE OF BUSINESS		
COMPANY REPRESEN	ITATIVE OR PARTNERS:		
(NAME)	(TITLE)		(PHONE)
(NAME)	(TITLE)		(PHONE)
	SALES T	AX	
ON YOUR PURCHASE WHOLESALE HEATING YOU WILL NEED TO IN WHEN YOU RETURN I'REQUIRES THAT THE	SALES TAX NUMBER THA S AT LOCKE SUPPLY WHO G AND COOLING, OR LOCK ICLUDE A COPY OF YOUR T TO LOCKE SUPPLY CO.** CORRECT DEPARTMENT O CH ALSO NEEDS TO BE RE	LESALE PLUMBII E SUPPLY WHOL TAX PERMIT WIT *THE STATE OF I OF REVENUE FOR	NG, LOCKE SUPPLY LESALE ELECTRIC, H THIS APPLICATION KANSAS ALSO RM BE FILLED OUT TO
NOTE TO CUSTOMER: until we get them.	If both forms are not receive	∕ed, tax will still a	oply to your account
Sales Rep Name		Sales Rep #	#
			THANK YOU, DIT DEPARTMENT

MAILING ADDRESS P.O. Box 26128 Oklahoma City, Oklahoma 73126 SHIPPING ADDRESS 1300 S.E. 82nd Street Oklahoma City, Oklahoma 73149 PHONE (405) 631-9756 FAX (405) 632-2471 2<sup>ND</sup> FAX (405) 631-0585