

BUSINESS REGISTRATION FORM

1. Company Information		Date:		
Company/Organization Name	Phor	Phone # Fax #		
Billing Address	City	State	Zip	
Shipping Address	City	State	Zip	
Purchasing Contact:		Email:		
Business Focus – Circle One: Contractor / Religious Organization / Retail Business / Non-profit / Property Mgmt / Service Industry / Restaurant / Education / Government / Manufacturing / Farm & Agriculture / Other				
2. Additional Information				
Tax Exempt? No Yes (If yes, please include a copy of the appropriate tax form)				
3. Ace Rewards				
	Ace Rewards Phone Number			
☐ No, Well Let's Get You signed up today.	New	Ace Rew	wards	
*Cash Accounts will pay at time of purchase. (Cash, credit, business checks)				
Office Use Only				
Account Number:	Acc	ount Mana	ager:	
Authorized by:	Date	e:		
Authorized Users:	<u>Up</u>	coming P	Projects:	
Items Purchased on Regular Basis:	<u>Bus</u>	siness Ca	ard:	
Employee Name	% Ace Rewar	ds Plus 5	5% instant in store Discount	

Return form to:

Some restrictions may apply

Marin Ace 180 Merrydale Rd. San Rafael (415)479-9393, Laurel Ace 4024 MacArthur Blvd. Oakland (510) 530-1966, Standard 5&10 Ace 3545 California St. San Francisco (415)751-5767, Pittsburg Ace 125 E Leland Rd. Pittsburg (925) 432-6089, Oakley Ace 3100 Main St. Suite 266 Oakley (925) 625-2449, Antioch Ace 501 Sunset Dr. Antioch (925) 757-2500