



250 David Court, Calverton, NY, 11778
631-378-3650 | rbscorp.com

For Office Use Only

Customer Code: _____

ProCASH Account

You decide how to pay at the point of purchase using cash, check, debit or credit card. You will earn rebates once you reach \$6,000* in annual purchases. A check, or ProBONUS, worth 5% of your quarterly purchases will be mailed approximately 20 days following the close of each business quarter. A completed IRS form W-9 must accompany this enrollment in order to get a ProBONUS check.

Customer Type Contractor Homeowner

Applicant's Name _____

Business Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Delivery Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

List any other RBS accounts _____

Primary RBS Location _____ RBS Sales Rep Name _____

*ProBONUS is calculated on purchases made on your ProCASH account from Jan. 1 through Dec. 31 annually. The ProBONUS sales benchmark will be prorated based upon the month in which you open your ProCASH Account (i.e. an account opened in October will only need to achieve \$1,500 in sales through Dec. 31 to qualify for ProBONUS).

Credit Card Authorization

Cardholder Name _____

Billing Address (If different from above) _____

City _____ State _____ Zip Code (From billing statement) _____

Credit Card Type (Check one) Visa M/C Amex Disc

Credit Card Number (LAST 4 DIGITS ONLY) _____ Exp. Date _____

Would you like to be emailed copies of invoices? Yes No

PLEASE PRINT FULL NAMES OF THE PEOPLE AUTHORIZED TO CHARGE ON YOUR ACCOUNT

FOR YOUR SECURITY, PLEASE CALL THE CREDIT DEPT. 1-877-335-1501 TO GIVE YOUR FULL CREDIT CARD NUMBER

I hereby authorize Riverhead Building Supply Corp. to charge the above listed credit card and to accept verbal or telephone orders without my signature, from myself or from any authorized signers on my account for purchase of materials sold by RBSC.

Please check this box to authorize RBSC to load this card to any & all job account(s)

Cardholder Signature _____

Date _____

Cardholder Name (Print) _____

A LEGIBLE COPY OF A DRIVER'S LICENSE & A W-9 FORM IS REQUIRED OF ALL ACCOUNT HOLDERS
PLEASE BE ADVISED AT EITHER THE TIME OF UPLOADING YOUR CARD OR CORRECTION OF CREDIT CARD INFORMATION, A PRE-AUTHORIZATION CHARGE OF \$1.00 WILL TEMPORARILY BE CHARGED/VOIDED TO ENSURE THAT CREDIT CARD BILLING ADDRESS IS CORRECT.

Please send completed application & W-9 to Riverhead Building Supply Credit Department:

E-mail: creditgroup@rbscorp.com • Fax: 631-727-6361

Questions? Call our credit department at 1-877-335-1501