

250 David Court, Calverton, NY, 11933 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 ProBONUS once you reach \$8,000* in annual purchases. ProBONUS distribution will occur in the third week of July and January. A completed W-9 must accompany this enrollment.

Customer Type	Contractor	Home	eowner	Other Business	
Applicant's Name					
Business Name					
Mailing Address		City		State	Zip Code
Delivery Address		City		State	Zip Code
Phone					
Email					
List any other RBS	accounts				
Primary RBS Locat	ion	F	BS Sales Rep	Name _	
					NUS sales benchmark will be prorated neive \$2,000 in sales through Dec. 31 to
Credit Card Autho	orization				
Cardholder Name					
Billing Address (If di	fferent from above)				
City	State Zip Code (From billing statement)				
Credit Car	d Type (Check one)	Visa	M/C	Amex	Disc
Credit Card Number	er (LAST 4 DIGITS ONLY)		Exp. Date		
PLEAS	SE PRINT FULL NAMES C	DF THE PEOPLE AU	JTHORIZED TO	O CHARGE ON	YOUR ACCOUNT
FOR YOUR SECURITY,	, PLEASE CALL THE CRED	OIT DEPT. 1-877-335	-1501 TO GIVE Y	OUR FULL CRE	DIT CARD NUMBER
signature, from myself o		rs on my account for	purchase of mate	erials sold by RBS	rbal or telephone orders without my SC. I also hereby certify that I am 18
Cardholder Signature					
Cardholder Name (Pr	int)				Date
	er's license and a W-9 form is y \$1.00 pre-authorization cha				n uploading or updating credit card ress.

Please send completed application and W-9 to Riverhead Building Supply Credit Department at address above or email to Creditgroup@rbscorp.com

RBS reserves the right to modify or terminate the ProBONUS program at any time. If we modify or terminate this program, we will provide you with at least ninety (90) days' notice via the contact information you provide here. By completing and signing this form, you agree to be contacted regarding this program via email, text and regular mail.