



SALADO AGGREGATES, LLC

New Customer

*fields marked with asterisk required

*Contact Name: _____ *Contact Phone #: _____

*Contact eMail: _____

Company/Billing Address

*Company Name: _____ *Company Phone #: _____

*Company Address/City/State: _____

*Billing Contact Name: _____ *Billing Phone #: _____

*Billing eMail: _____

Job Site/Delivery Address

Project/Site Name: _____

Contact Name: _____ Contact Phone #: _____

Project Address/City/State: _____

Business Type

Check One: Dealer/Distributor/Reseller General Contractor Mason Pool Contractor
 Landscape Architect / Designer Custom Home Builder Fabricator Aggregates
 End User (Home / Business Owner) Other _____

Tax Status

Are you Tax Exempt: Yes* No

Reason for Exemption: Non-profit entity Non-profit project Reseller Agricultural Use

**A valid certificate confirming your status as tax exempt, a reseller's certificate, or an agricultural exemption must be received by the accounting department before sales tax can be waived.*

Office Use Only

Date: _____ Received by: _____ Entered by: _____