

DATE _____

CASH ACCOUNT

BUSINESS
NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

ALT. PHONE # _____ FAX _____

EMAIL ADDRESS _____

**IF YOU ARE TAX EXEMPT YOU MUST COMPLETE ONE THE FOLLOWING
NJ EXEMPTION FORMS LISTED BELOW.**

ST-3 _____ (NJ RESALE)

ST-4 _____ (OVER 26,000 LBS)

**In NJ, fill in your tax ID # on the box to the RIGHT on the tax exemption form.
Out of State, fill in your tax ID # on the box to the LEFT on the tax exemption form.**

ST3-NR _____ (OUT OF STATE RESALE)

OWNERS NAME _____

ADDRESS _____

CITY & STATE _____

DRIVER'S LICENSE# _____

STATE: _____

EXP: _____

CAMBRIA EMPLOYEE _____

EMAIL COMPLETED FORM TO ALISA@CAMBRIAS.COM

