



PREPAID ACCOUNT

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FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

SOCIAL SECURITY NUMBER:

I WOULD LIKE TO RECEIVE  
E-MAILED RECEIPTS:

IF YES, E-MAIL ADDRESS:

YES

NO

I WOULD LIKE MY ACCOUNT NAME TO BE:

THE FOLLOWING PEOPLE ARE AUTHORIZED TO MAKE PURCHASES ON MY PREPAID ACCOUNT AT BUDGET HOME SUPPLY. \*FIRST AND LAST NAMES REQUIRED.

I WOULD LIKE ALL ABOVE  
SIGNERS TO:

THIS FORM WAS FILLED OUT BY:

INCLUDE A PO# OR JOB NAME  
SHOW IDENTIFICATION

**IF YOU HAVE A BUILDING PERMIT FOR THIS PROJECT PLEASE INCLUDE A COPY AND WE WILL ATTACH IT TO YOUR PREPAID ACCOUNT.**

I understand that this account will be setup as a prepaid account only. No credit has been checked or issued by Budget Home Supply. Budget Home Center and Supply is not responsible for items charged to this account that are not authorized. A statement will be mailed to you on the 26th of each month until the account is closed but it is solely the responsibility of the account holder to keep track of all purchases made on this prepaid account. I understand that I need to call or contact Budget Home Supply's Account Receivable department when I decide to close the account.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We look forward to serving you. When you return this form we will take initial payment of cash, check or credit card.