

McCall's Supply  
394 Lake City Highway  
Johnsonville SC 29555  
Phone: 803-380-0402  
Fax: 803-380-0412  
Cash Application

Store Location: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I understand that this is a COD (Cash) application and that all items must be paid for before they leave the building. All warranty items must be paid for in advance and credit will be issued upon the return of the old part and the completed paperwork.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Items needed: Copy of driver's license, copy of EPA card, Resale Certificate (if exempt from sales tax)