



AFFORDABLE HOME IMPROVEMENT MATERIALS

521 S 9th St., Milwaukee, WI 53204
414.383.7792 fax 414.383.9397
www.theCommunityWarehouse.org

Member #: B _____
o f f i c e u s e o n l y

Business Membership Application

(All LLC, LLP, Corp, DBA, Partnerships, or more than one property)

Date: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email: _____

(Community Warehouse will provide you updates about incoming product and upcoming events via e-mail)

Authorized Contact: _____ Title: _____

Additional Authorized Purchasers: _____

I (the authorized contact for the business entity) understand that Community Warehouse is a charitable organization and that it assumes no responsibility or liability for any injury or damage to any person(s) or property that result from the use of any products purchased from it. I also understand that it assumes no responsibility for any omissions or errors regarding the products or their installation. Community Warehouse makes no other warranties or representations of any kind whatsoever expressed or implied. All implied warranties, including but not limited to warranty of merchantability and fitness for a particular purpose are hereby disclaimed.

I understand and agree that the products purchased from Community Warehouse cannot be used for resale of any kind; product may only be installed in properties I own (i.e. you may not purchase materials and use/give/sell them to someone else). I understand that Community Warehouse is a “credit or cash only” establishment and that all products are sold “as is” and all sales are final. Credit or debit cards used must match a name on the membership, as well as the members’ ID; I understand that Community Warehouse does not hold materials for any customer without full payment and materials must be picked up within 2 days. For any items left past 2 days, I will forfeit my product and Community Warehouse will restock the items. Any leftover account balance after this membership expires will be used to renew and/or extend my membership.

Authorized Signature

Date

Payment: \$_____ Csh / CR / Cpn ✓ID: _____

Attached Property Documents? _____

How did you hear about us? _____

o f f i c e u s e o n l y

Entered in POS Quick Books _____

Entered on Member List _____

Entered Excel Tracking _____

Entered Email _____

o f f i c e u s e o n l y