



APPLICATION FOR OPEN ACCOUNT

*Committed to Service
Since 1972*

*Return Fax 1-800-682-6935
Nationwide Toll Free 1-800-277-1220
cashwells.com*

I. BILLING/SHIPPING

Business Name			
Billing Address			
	Street Address/PO Box		
	City	State	Zip
	Phone Number	Fax Number	County
	E-Mail Address		
Shipping Address			
	Street Address		
	City	State	Zip
	Phone Number	Fax Number	County

Would you like to receive a monthly statement? Yes ☐ No ☐

How would you like to receive your statements and invoices? E-mail ☐ Fax ☐ Mail ☐

II. PRINCIPAL OF BUSINESS

Proprietorship	()	List Name, Home Address, Social Security Number
Partnership	()	List Name, Home Address, Social Security Number
Corporation	()	List Officers, Title, Federal ID Number

Name	Address	SSN/ID
Name	Address	SSN/ID
Name	Address	SSN/ID

Accounts Payable Contact

Name			
Street Address/PO Box			
City	State	Zip	
Phone Number	Fax Number	County	
E-Mail Address			

III. ACCOUNT INFORMATION

List the number of years in business.....

Do you require purchase order numbers on your billing.....	Y	N
Will you accept back orders if we do not have the item in stock.....	Y	N
Do you have a sales tax exemption number (If yes, see back page).....	Y	N

Office Use Only:

ACCT	CTSY	REF	DEN	LIM
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Which business type best describes your business?

<input type="checkbox"/> Appliance Sales & Service	<input type="checkbox"/> Automobile Service
<input type="checkbox"/> HVAC-R	<input type="checkbox"/> Rental Property.....How Many _____
<input type="checkbox"/> Apartment Complex	<input type="checkbox"/> Other Please Specify _____

Which of these brands, if any do you service in warranty?

<input type="checkbox"/> Amana	<input type="checkbox"/> Speed Queen	<input type="checkbox"/> GE
<input type="checkbox"/> Electrolux	<input type="checkbox"/> Whirlpool	

IV. REFERENCES List Preferred Contact Information

1.	_____	_____
	Company Name	Contact Name
	_____	_____
	Phone	Email
	_____	_____
		Fax
2.	_____	_____
	Company Name	Contact Name
	_____	_____
	Phone	Email
	_____	_____
		Fax
3.	_____	_____
	Company Name	Contact Name
	_____	_____
	Phone	Email
	_____	_____
		Fax
4.	_____	_____
	Company Name	Contact Name
	_____	_____
	Phone	Email
	_____	_____
		Fax

Please estimate how much your annual purchases would be:

\$500 to \$1,000 ☐ \$1,000 to \$5,000 ☐ \$5,000 to \$15,000 ☐ \$15,000 to \$30,000 ☐ \$30,000 and above ☐

V. TERMS OF SALE

All orders are subject to approval by our Home Office. Our terms of sale are NET 10th. The purchaser agrees to pay all invoices within terms specified. In the event this account becomes delinquent, purchaser agrees to pay collection/attorney fees not exceeding 30%, court costs, and any other miscellaneous expenses incurred as a result of purchaser's failure to pay. A service charge of 1.5% (18% per annum) will be billed on all past due balances.

_____ Signature of Owner/Officer	_____ Print Name Here	_____ Date
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