



*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 \_\_\_\_\_

**Which business type best describes your business?**

- Appliance Sales & Service     Automobile Service
- HVAC-R     Rental Property..... How Many \_\_\_\_\_
- Apartment Complex     Other ..... Please Specify \_\_\_\_\_

Which of these brands of appliances do you service in warranty?

- Amana     Speed Queen
- Electrolux     Whirlpool

**IV. REFERENCES** List complete address of creditors including zip codes.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank Reference**

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Contact \_\_\_\_\_

**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.

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Signature of Owner/Officer \_\_\_\_\_ Print Name Here \_\_\_\_\_ Date \_\_\_\_\_