

# Wholesale Cash Application

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Fayetteville, NC 28312-6147

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E-mail sales@cashwells.com



www.cashwells.com

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Owner(s)/President \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Web Site \_\_\_\_\_ Resale # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Federal ID # \_\_\_\_\_ SS # \_\_\_\_\_

Check One. ☐ Proprietorship ☐ Partnership ☐ Corporation

Names of Authorized Buyers / Company Position.

1. \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_  
2. \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_

Please check the appropriate boxes below to help us better understand your business.

## Business Type

- ☐ HVAC  
☐ Appliance Sales  
☐ Appliance Repair  
☐ Rentals (Number of Units \_\_\_\_\_)  
☐ Automobile Service  
☐ Other \_\_\_\_\_

## Store Location

- ☐ Commercial  
☐ Residential  
☐ Mobile  
☐ Internet  
☐ Catalog  
☐ Other \_\_\_\_\_

## How did you learn about us?

- ☐ Magazine/Advertising  
☐ Tradeshow  
☐ Salesperson/Representative  
☐ Mailer  
☐ Internet  
☐ Other \_\_\_\_\_

This account is for refrigerant only. ☐ YES ☐ NO

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

- ☐ Amana ☐ General Electric ☐ Whirlpool  
☐ Electrolux ☐ Speed Queen

Please estimate how much your annual purchases would be.

- ☐ Less Than \$500 ☐ \$1,000 to \$5,000 ☐ \$15,000 to \$30,000  
☐ \$500 to \$1,000 ☐ \$5,000 to \$15,000 ☐ \$30,000 and Above

Do you require purchase order numbers on your receipt?

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 reverse side) Y \_\_\_\_\_ N \_\_\_\_\_

Approved methods of payment are: Cash, Company Check, Visa, MasterCard, Discover/Novus and GPC card.

Authorized Signature X \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

## For Office Use Only

Approved by \_\_\_\_\_ Customer # \_\_\_\_\_

(Account Manager)

Submitted by \_\_\_\_\_ CAP # \_\_\_\_\_ Date \_\_\_\_\_