



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?

<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 of appliances do you service in warranty?

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

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

- Name _____ Address _____
City _____ State _____ Zip _____
- Name _____ Address _____
City _____ State _____ Zip _____
- Name _____ Address _____
City _____ State _____ Zip _____
- 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.

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