



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

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 _____

