

Wholesale Cash Application



3485 Clinton Road
Fayetteville, NC 28312-6147

PH 910-323-1111
Fax 910-323-5067
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 _____

Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1 Enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2 Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

3 **Please print**

Name of Purchaser _____

Business Address _____ City _____ State _____ Zip Code _____

Purchaser's Tax ID Number _____ State of Issue _____ County of Issue _____

If No Tax ID Number, Enter One of the Following:	FEIN	Driver's License Number/State Issued ID Number <i>State of Issue Number</i>	Foreign Diplomat Number
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Name of Seller From Whom You Are Purchasing, Leasing or Renting _____

Seller's Address _____ City _____ State _____ Zip Code _____

- 4 **Type of Business.** Check the number that describes your business.
- | | |
|---|--|
| <input type="checkbox"/> 01 Accommodation and food services. | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting. | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (<i>explain</i>) _____ |

- 5 **Reason for Exemption.** Check the letter that identifies the reason for the exemption.
- | | |
|--|--|
| <input type="checkbox"/> A Federal government (<i>department</i>) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State or local government (<i>name</i>) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (<i>name</i>) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> L Other (<i>explain</i>) _____ |

6 **Sign Here.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser _____ Print Name Here _____ Title _____ Date _____