

CASH ACCOUNT APPLICATION

PLUMBING ELECTRICAL HVAC CONTRACTOR CONTRACTOR CONTRACTOR	
CUSTOMER ACCOUNT #	WHOLESALE — SUPPLY BRANCH
BUSINESS NAME/ INDIVIDUALS NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
EMAIL	
Business Owners Information	
OWNERS NAME	
TITLE	
DATE BUSINESS STARTED	
CONTRACTORS LICENSE # (IF APPLICABLE)	
PHONE NUMBER	
EMAIL	
DATE OF BIRTH	
Best Method of Communication	
PHONE	DO YOU REQUIRE PURCHASE
TEXT	ORDER NUMBERS FOR YOUR JOBS
EMAIL	
*** TO ACCESS YOUR CASH ACCOUNT DISC	COUNTS, YOU MUST HAVE A CREDIT CARD
	ER ACCOUNTS TEAM! PLEASE FILL OUT CREDIT

CARD AUTHORIZATION FORM AND SEND IT TO Aileen.Palmer@wsginc.com ***

SIGNATURE _____ DATE _____