



# Cash Accounts

CALGARY, CAMROSE, EDMONTON NORTH, EDMONTON SOUTH,  
LEDUC, LLOYDMINSTER, SHERWOOD PARK  
ACCOUNTING

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This application must be completed in full otherwise credit will not be issued  
If completing this form in ink, Please PRINT clearly.

## Name of Company

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**# of Years in Business:** \_\_\_\_\_ **# of years at Current Address:** \_\_\_\_\_

**OFFICERS (First and Last Names MUST be included)** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Purchasing (Parts person):** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED? YES OR NO IF YES, THEN: WRITTEN OR VERBAL

I WOULD LIKE TO HAVE MONTHLY SPECIALS EMAILED: YES NO Email: \_\_\_\_\_

**TERMS**  
**ALL CASH INVOICES TO BE PAID AT THE TIME OF PURCHASE.**  
**DECLARATION**

I/We confirm that the above information is true and is given for the purchase.

\_\_\_\_\_  
Authorized Signature

Position (Please PRINT)

\_\_\_\_\_  
Name (Please Print)

Date

INTERNAL USE	
ACC	
SLM	
PG	