



WASHER SPECIALTIES
224 Indiana • P.O. Box 3268
Wichita, KS 67201
wsconet.com

Cash Application

Company Name _____

Type of Business _____

Owners' Name _____

Address _____

City _____ State _____ Zip _____ - _____

Is this also your shipping address? If No, Please fill out shipping information Below

Address _____

City _____ State _____ Zip _____ - _____

Phone Number _____ Mobile Number _____

Fax Number _____ EIN _____

Email Address _____

Would you like to receive our seasonal flyers? ___Yes ___No

Mail___ or Email___

Do you use Purchase Orders? ___Yes ___No

Are you Tax Exempt? If yes, Please fill out attached form and send a copy of your Sales Tax Certificate

Do you have a CFC Certification? ___Yes ___No If yes, we will need a copy for equipment of freon purchases.

Would you like to sign up for our online shopper? ___Yes ___No

Username _____

Please List all authorized buyers on this account _____
