Cash Sales Account Form

PLEASE WRITE LEGIBLE, THXS

COMPANY NAME (IF APPLICABLE):

NAME:

EMAIL:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

FAX NUMBER (IF APPLICABLE):

This form is strictly for cash accounts. You may pay with Credit or Debit Card, Cash or Check. There are no credit checks or references needed. This form is to help us and you keep track of your latest purchases and the prices in which you received them. Thank you for your patronage.

WinPro Solutions, Inc. Personnel