



APPLICATION FOR CASH ACCOUNT

Name of Business _____

Address(Physical/Billing) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

Tokenization

*****Would you like to have a card(s) on file?*****

Yes ___

No ___

Account Contact _____ Email _____

This account is for: Business Use _____

Personal Use _____

Purchase orders required: Yes _____

No _____

Anticipated monthly purchases: \$ _____

Primary store you will shop at: _____

Authorized Personal to Use Account: _____

Agreement to Pay NSF Fees

I agree to pay all NSF Fees. All returned checks are subject to a \$25.00 NSF fee.

Print Name _____

Signature _____ **Date** _____

Please return this form to any Wilson's NAPA or email accounts@wilsonsnapa.com

29025 SW Town Center Loop West

Wilsonville, Oregon 97070

Phone: (503) 582-1515 Fax: (503) 582-9933