



WSCA Co-Op Account Transfer Form

* indicates a required field.

Institution Information

Institution Name * _____

Department Name * _____ Department Code _____

Name * _____ Phone * _____

Contact Name* _____ E-mail * _____

Title * _____

O'Reilly Account Numbers

Account #* _____ Account #* _____

Check, Schuck, Kragen (CSK) Account Numbers

Account #* _____ Account #* _____

I understand that participation under the Public Sourcing Master Agreement will supersede any existing agreement(s) between my institution and O'Reilly Auto Parts for the accounts I have listed here.