565 S Commercial Dr
Grand Junction, CO 81505
T (970) 254-1475 // **F** (970) 254-1670

WHOLESALE ACCOUNT APPLICATION

COMPANY INFORMATION

Legal Name of Company

Shipping Address | City | State | Zip Code

Phone Number | Website | Email

BUSINESS TYPE (check all that apply)

☐ Storefront ☐ Installer ☐ Website ☐ Other:_____

CURRENT SUPPLIERS

1._____ Company Name
2._____ Company Name
3._____ Company Name

TERMS & CONDITIONS

All orders require payment before goods are shipped. **CLAIMS**: Claims of shortage, damage or error in shipment must be made within 2 working days of receipt of goods. **DAMAGE IN TRANSIT**: It is the customers responsibility to report shipping losses and damages to the carrier immediately. West Coast Wheel Accessories' responsibility ends when shipments are signed for in good condition. **LIABILITY**: All products sold, are done so under the warranty policy of the actual factory where they have been produced. We offer or imply no other warranty. **RETURNS**: All returns receive a 20% restocking fee & freight must be prepaid. All returns require an RGA Number. West Coast Wheel Accessories retains title of all goods supplied until they are paid for in full.

Signature:_____ Date:_____

Print Name:_____ Title:_____

Application Checklist

☐ Completed Application
☐ Resale Certificate or Exemption Certificate
☐ Fax to (970) 254-1670 or email to sales@westcoastacc.com

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CREDIT CARD PRE-AUTHORIZATION FORM

CUSTOMER INFORMATION

Legal Name of Company

Card Holder Name

Street address as on STMT of Account | **City** | **State**

Account Number | **Phone Number** | **Email Address**

CREDIT CARD FEE DISCOLSURE

I understand and agree that payments made by credit card may be subject to a processing fee of **2 %**

- Will be added to the total transaction amount at the time of processing
- Is assessed to offset credit card processing costs
- Will be clearly reflected on the final invoice or receipt

CREDIT CARD INFORMATION

Name on Card

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Type

Card Number | **Expiration Date** | **CVV Code**

Billing Zip Code | **Number in Street Address**

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AUTHORIZATION

I authorize **West Coast Accessories Inc.** to charge the above credit card for the approved order total, including applicable taxes, freight, **and fees**, prior to the release of goods for shipment or pickup.

I understand that:

- Payment must be successfully processed **before** any order is shipped or released.
- The final charge amount may vary from the estimate provided.
- If the transaction is declined, the order will be held until payment is resolved.
- I am an authorized user of this credit card.

SIGNATURE

Authorized Name: _____

Signature: _____ Date: _____

Fax to (970) 254-1670 or email to sales@westcoastacc.com

FOR OFFICE USE ONLY

Processed By: _____

Date Processed: _____

Authorization Code: _____