

WHOLESALE ACCOUNT APPLICATION

COMPANY INFORMAT	ΓΙΟΝ				
Legal Name of Company					
		1		I	I
Shipping Address		City		State	Zip Code
	I		I		
Phone Number	Website		Email		
BUSINESS TYPE (check all t	that apply)				
☐ Storefront ☐ Installer	r 🗆 Website 🗆 C)ther:			
CURRENT SUPPLIERS					
1 Company Name	2. Company	Name	3.	Company Name	
TERMS & CONDI	TIONS				
or error in shipmen TRANSIT: It is the commediately. West Commediately. West Commediately. LIAB factory where they returns receive a 20%	eayment before goot must be made with the ma	thin 2 working to report states responsibilities, are done . We offer output the light must be	ng days of renipping losses in the little ends when so under the renipping repaid. All renipping days and the limply no comprepaid. All renipping days are paid.	eceipt of goods and damagen shipments e warranty pother warrant eturns require	ods. DAMAGE IN ges to the carrier are signed for in olicy of the actual y. RETURNS: All an RGA Number.
Signature:			Date:		
Print Name:			Title:		
	Completed Application	n	Fav	to (970) 254-16	70 or email to

Application Checklist

Completed Application

Resale Certificate or Exemption Certificate

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





Notes:

CREDIT CARD AUTHORIZATION FORM

I hereby authorize West Coast Wheel Accessories to chemy credit card as follows:	iarge	NOTE: We do not accept international			
Keep this card on file as my:		NOTE: We do not accept international credit cards.			
☐ Primary ☐ Auto Back-up ☐ With Approval Only					
CREDIT CARD INFORMATION					
Credit Card Number					
	1	I			
Cardholder Name	Expiration Date	3 Digit CVV2 Code (on back of card)			
	1				
Company Name	y Name Cardholder's Relation to Company				
BILLING ADDRESS					
BILLING ADDRESS		1 1			
BILLING ADDRESS Street Address City		State Zip Code			
	provide an exp.				
Street Address City	provide an exp				
Street Address City	provide an exp.				
Street Address City	provide an exp.				
Street Address City If the billing address is not your business address, please					
Street Address City If the billing address is not your business address, please Cardholder's Signature:	Date:	lanation:			