

Application for Open Account

PLEASE COMPLETE ENTIRE APPLICATION, OMISSIONS WILL ONLY DELAY PROCESSING OF YOUR APPLICATION

Title Title Address Address Type of Business (check one) CORPORATION PARTNERSHIP SOLE PROPRIETOR Years in Business RESALE NO. FEDERAL ID NO. FEDERAL ID NO. TRADE REFERENCES Business Name Business Name Contact Person Contact Person Account No. Address Tel Fax Tel Fax Bank Name Account No. Tel Contact Person Tel Contact Person Tel Fax Tel Tel Fax Account No. Contact Person	Firm Name		DBA	
Shipping Address	Tel	Fax	Email	
PLEASE LIST ALL OWNERS, PARTNERS, AND/OR RESPONSIBLE PARTIES Name	Mailing Address			
Name	Shipping Address			
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Address	Name		Name	
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Contact Person Contact Person Account No. Account No. Address Address Tel Fax Tel Fax Bank References Bank Name Account No. Contact Person Tel Tel Fax	TRADE REFERENCES			
Account No. Account No. Address Address Tel Fax Tel Fax Bank Name Account No. Contact Person Tel	Business Name		Business Name	
Address Address Tel Fax Tel Fax Bank Name Account No. Contact Person Tel	Contact Person		Contact Person	
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Tel Fax	Address		Address	
Bank Name Account No. Contact Person Tel				Fax
Contact Person Tel	BANK REFERENCES			
	Bank Name		Account No.	
Address Fax	Contact Person		Tel	
	Address		Fax	

The signature below authorizes credit information to be provided upon presentation by trade or bank references as provided by applicants. This constitutes notice under truth in lending act that any accounts remaining unpaid after 10 days are subject to 1 1/2% per month interest and late fees.

SIGNED (Company Name)

BY (Name & Title)

DATE

P.O. Box 890351 Temecula, CA 92589 • Tel. 888.400.9378 • Fax. 800.821.1785 • Email. sales@westchrome.com

WWW.WESTCHROME.COM



Credit Application Authorization Form

The signature below authorizes credit information to be provided upon presentation by trade or bank references as provided by applicants. This constitutes notice under truth in lending act that any accounts remaining unpaid after 10 days are subject to 1 1/2% per month interest and late fees.

I _______, authorize WEST, INC. to request credit information

SIGNATURE

DATE

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number:

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from		of the item(s) I have
listed in paragraph 5 below.	[Vendor's name]	

- 4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.
- 5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER			
SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE			
A compared to the second secon			
PRINTED NAME OF PERSON SIGNING	TITLE		
ADDRESS OF PURCHASER			
TELEPHONE NUMBER	DATE		
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