



4205 PERKINS ROAD
 LONDON, ONTARIO CANADA • N6L 1C2
 Tel: (519) 652-2227 • Fax: (519) 652-3975
Toll-Free Fax: 1-800-565-5878

ACCOUNT AGREEMENT / CREDIT APPLICATION

OPERATING NAME				DATE	
CORPORATE NAME				BUSINESS PHONE	
MAIL ADDRESS				E-MAIL	
SHIPPING ADDRESS				WEBSITE	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	DATE BUSINESS ESTABLISHED	PROV TAX #:	FRANCHISE/BUYING GROUP	PREFERRED FREIGHT METHOD <input type="checkbox"/> UPS <input type="checkbox"/> PUROLATOR <input type="checkbox"/> PICKUP <input type="checkbox"/> CHEAPEST	
DESCRIPTION OF BUSINESS			WHOLESALE ACCOUNT TYPE REQUESTED <input type="checkbox"/> APPAREL <input type="checkbox"/> EQUIPMENT (PENDING APPROVAL)		
PRINCIPALS					
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
PREFERRED PAYMENT TYPE					
<input type="checkbox"/> C.C.C. (CASH/DEBIT) *PICKUP ORDERS*		<input type="checkbox"/> C.O.D. (COMPANY CHEQUE)		PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:	
<input type="checkbox"/> E-TRANSFER		<input type="checkbox"/> VISA/MC (PLEASE COMPLETE CREDIT AUTHORIZATION FORM)			
TRADE REFERENCES					
COMPANY NAME			WEBSITE	PHONE	
COMPANY NAME			WEBSITE	PHONE	

ALL ORDERS WILL BE PROCESSED AS VISA/MC, UNLESS OTHERWISE REQUESTED AND APPROVED.

I (WE) HAVE SUBMITTED THIS APPLICATION REQUESTING CREDIT, AND CERTIFY THAT ALL STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. I (WE) AGREE THAT CREDIT INQUIRIES MAY BE MADE, AND AUTHORIZE RELEASE OF SUCH INFORMATION TO YOU. I (WE) UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH SAID TERMS AND AGREEMENT. I (WE) ALSO AGREE, IN THE EVENT OF DEFAULT, TO PAY REASONABLE INTEREST, COLLECTION CHARGES, ATTORNEY FEES AND COURT COSTS WHERE APPLICABLE.

OWNERSHIP OF PRODUCT: UNLESS OTHERWISE AGREED TO IN WRITING, THE SUPPLIER RETAINS OWNERSHIP (SECURITY INTEREST) OF ALL MERCHANDISE SHIPPED UNTIL PAID FOR IN FULL BY THE APPLICANT.

 APPLICANT SIGNATURE

OFFICE USE ONLY	
SUBMITTED BY: _____	
ACCOUNT #: _____	
COMMENTS: _____ _____	
APPROVED: <input type="checkbox"/> C.C.C. <input type="checkbox"/> C.O.D. <input type="checkbox"/> VISA/MC	
<input type="checkbox"/> EFT <input type="checkbox"/> TERMS CREDIT LIMIT: \$ _____	
COMMENTS: _____ _____	
SIGNATURE: _____	
DATE: _____	

**ONCE COMPLETE, EMAIL THIS FORM TO
 CSERVICE@WESTMOUNTDISTRIBUTORS.CA**



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WESTMOUNT DISTRIBUTORS INC.

CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD ARE PAYMENT OPTIONS AT WESTMOUNT DISTRIBUTORS INC. IF YOU PREFER TO PAY FOR FUTURE PURCHASES ON YOUR CREDIT CARD PLEASE COMPLETE THE REQUIRED INFORMATION BELOW AND RETURN THIS FORM TO US.

COMPANY NAME: _____

VISA #: _____ / _____ / _____ / _____ EXPIRY: _____ CVV# _____

M/C#: _____ / _____ / _____ / _____ EXPIRY: _____ CVV# _____

NAME AS IT APPEARS ON CARD: _____

***YOU MUST INCLUDE YOUR CVV # ON BACK OF CARD**

THIS IS TO AUTHORIZE WESTMOUNT DISTRIBUTORS INC. TO ACCEPT ORDERS FROM OUR BUSINESS AND CHARGE THE COST OF THESE ORDERS TO THE CREDIT CARD INDICATED ABOVE AND SHIP THE MERCHANDISE AS REQUESTED. BY SIGNING THIS DOCUMENT WE ARE ACCEPTING RESPONSIBILITY FOR THESE TRANSACTIONS TO ENSURE FULL PAYMENT TO WESTMOUNT DISTRIBUTORS INC.

WE WILL INFORM WESTMOUNT DISTRIBUTORS INC. IN WRITING IF USE OF THIS CARD IS TO BE DISCONTINUED.

CARDHOLDER SIGNATURE: _____

DATE: _____