



# WESTERN WAREHOUSE

GENUINE WHOLESALE. LEGENDARY SERVICE.

4954 275th Street,  
Langley, BC V4W 0A3

Tel: (604) 626-4100  
Toll Free Tel: 1-888-919-8866

Fax: (604) 626-4177  
Toll Free Fax: 1-888-626-4177

### Type of Account

Date: \_\_\_\_\_

#### Cash Account:

Payment is due and payable at time of purchase either by Cash, Visa or Master Card, Debit Card

#### Credit Account:

Credit terms are Net 15 Interes 2% per month on over due balances

Amount of Credit Requested \$ \_\_\_\_\_

### Account Applicant

Legal Name: \_\_\_\_\_

Parent Trading Company (if any) \_\_\_\_\_

DBA Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City, Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

#### New Business Yes No

#### Business Type

\_\_\_\_\_ Years Established:  Limited Company  Sole Proprietorship  Partnership

Annual Sales \_\_\_\_\_ # of Employees \_\_\_\_\_

#### Nature of Business

Accessory Shop  General Auto Repair  Auto Parts  Dealership  
 Fleet  RV Dealer  Tire Shop  Other \_\_\_\_\_

#### Name of Principles/Directors/Officers

Name	Title	Phone #
_____	_____	( ) _____
_____	_____	( ) _____

Name of Parts Manager/Accessory Purchaser \_\_\_\_\_

Parts Dept/Accessory Dept E-mail \_\_\_\_\_ Please supply a valid email address for an online purchasing account

#### Accts Payable Contact

Phone # \_\_\_\_\_ Email \_\_\_\_\_

#### Bank Information

Branch Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

#### Local Trade References (3 required)

Co. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Co. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

How did you hear about us \_\_\_\_\_

#### Payment Information

Will you pay your account by  Monthly Stmt  Check  Invoice  Credit Card

I hereby represent that I am authorized to submit the application on behalf of the customer named above. I/we hereby authorize the person or firm to whom this application is submitted to obtain credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. The undersigned agrees to pay service charges on over due accounts. It is also agreed and understood that all necessary collection and legal and interest fees may be charged to my company in the event of default or failure to pay for services rendered.

Date Signed	Signature	Print Name	Title
_____	_____	_____	_____