



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. _____ 2. _____ 3. _____
Company Name Company Name 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	Fax to (970) 254-1670 or email to sales@westcoastacc.com
	Resale Certificate or Exemption Certificate	





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CREDIT CARD AUTHORIZATION FORM

I hereby authorize West Coast Wheel Accessories to charge my credit card as follows:

Keep this card on file as my:

- Primary Auto Back-up With Approval Only

NOTE: We do not accept international credit cards. Charges that exceed \$1,500 will be subject to a 3% credit card surcharge.

CREDIT CARD INFORMATION

Credit Card Number

Cardholder Name

Expiration Date

3 Digit CVV2 Code (on back of card)

Company Name

Cardholder's Relation to Company

BILLING ADDRESS

Street Address

City

State

Zip Code

If the billing address is not your business address, please provide an explanation:

Cardholder's Signature: _____

Phone Number: _____ Date: _____

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

FOR OFFICE USE ONLY

Notes:

