

CREDIT APPLICATION: WESTERN RUBBER & SUPPLY, Inc.

Print this sheet, complete and fax it to us at 925-960-8720

Customer Credit Information

Business Name _____

Billing Address _____

City _____

State _____

Zip Code _____

Shipping Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

A/P Dept Contact _____

Buyer _____

Buyer Phone _____

Email address _____

Resale? Y / N _____

If yes a valid California resale certificate should be sent along with your application.

Resale # (Calif. Only) _____

Check the account type and complete the appropriate information below.

() Credit Card (Section A)

() COD (Section B)

() Open Account Terms (Section B)

A: CREDIT CARD CUSTOMERS

Visa

MasterCard

American Express

Card Number _____

Expiration Date _____

Card Holders Name _____

Card Holders Signature _____

Credit Card Billing Address _____

The card member acknowledges receipt of goods in the amount shown on invoice/charge slip and agrees to perform the obligation set forth in card member's agreement with the issuer and is responsible for any amounts not paid by the issuer.

