

# WEST BAY, INC.

7245 E. Oxford Way, Commerce, California 90040

FAX: 323-720-5799 TELEPHONE: 323-720-5777

TOLL FREE: 800-421-1940

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## APPLICATION

DATE OF APPLICATION: \_\_\_\_\_  
Have you ever done business with West Bay? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", last purchase date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FACSIMILE \_\_\_\_\_

**Business License / Certificate No. (REQUIRED):** \_\_\_\_\_ **(Must include a copy of Business License)**

**Sales Tax ID No. (REQUIRED):** \_\_\_\_\_ **(Must include a copy of Sales Tax Permits)**

SHIPPING ADDRESS (if different from Billing Address): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business structure (mark one): \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Other  
If "Other" or "Partnership", please explain or list Partner(s) information: \_\_\_\_\_

**OWNER'S NAME (REQUIRED):** \_\_\_\_\_  
**HOME ADDRESS (REQUIRED):** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**HOME TELEPHONE** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_ **Driver's License Number** \_\_\_\_\_

### TRADE REFERENCES:

- 1) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (TEL): \_\_\_\_\_  
Account #: \_\_\_\_\_ (FAX): \_\_\_\_\_  
Contact Name: \_\_\_\_\_
- 2) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (TEL): \_\_\_\_\_  
Account #: \_\_\_\_\_ (FAX): \_\_\_\_\_  
Contact Name: \_\_\_\_\_
- 3) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (TEL): \_\_\_\_\_  
Account #: \_\_\_\_\_ (FAX): \_\_\_\_\_  
Contact Name: \_\_\_\_\_
- 4) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (TEL): \_\_\_\_\_  
Account #: \_\_\_\_\_ (FAX): \_\_\_\_\_  
Contact Name: \_\_\_\_\_

BANK NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I declare, under the penalty of perjury, to be an authorized signor for applicant and that the above information is true, current and correct. I further declare that applicant will be fully liable for any monies due to West Bay Inc. by applicant arising from the business relation based upon the information contained in this application. Furthermore, applicant will be liable for any and all additional expenses incurred by West Bay Inc., including but not limited to third party collection expenses and attorney fees, if such services are needed to collect monies due to West Bay Inc. by applicant.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Name (PRINT) \_\_\_\_\_



**WEST BAY INC.**

**Credit Card Authorization Form**

**CONFIDENTIAL INFORMATION**

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

Customer Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Credit Card Type (Check One):



Credit Card Number: \_\_\_\_\_

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

CCV Number/ CVV 2 Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Frequency (Check One):  One-Time Payment (Amount: \$ \_\_\_\_\_)

Future Payment (Date: \_\_\_\_\_ /Amount: \$ \_\_\_\_\_)

Recurring Payment (For all Current and Future Invoices until canceled by the Cardholder via a written notice)

Invoice(s) To Be Applied To: \_\_\_\_\_

By signing this form, I certify that I am authorized to effect charges to the above credit card number and hereby authorize West Bay, Inc. to charge the amount listed above. Furthermore, I agree to the terms and conditions of both the purchase and the return policy. In the case of any issues or disputes concerning this transaction or future transactions for a recurring payment, I will promptly notify West Bay, Inc. to rectify the situation prior to notifying my credit card company.

Cardholder Signature: **X** \_\_\_\_\_

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

Print Name: \_\_\_\_\_



**WEST BAY INC.**

**DRIVER'S LICENSE**  
(PHOTOCOPY)

**FRONT OF CREDIT CARD**  
(PHOTOCOPY)