

APPLICATION

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

BUSINESS NAME: _____
BILLING ADDRESS: _____
City _____ State _____ Zip Code _____

Business License / Certificate No. (REQUIRED): _____ (Copy may be requested)
Sales Tax ID No. (REQUIRED): _____ (Copy may be requested)

SHIPPING ADDRESS (if different from Billing Address): _____
City _____ State _____ Zip Code _____
TELEPHONE _____ FACSIMILE _____

Business structure: 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): _____ (FAX): _____ Account #: _____ Contact Name: _____
2) NAME: _____ ADDRESS: _____ (TEL): _____ (FAX): _____ Account #: _____ Contact Name: _____
3) NAME: _____ ADDRESS: _____ (TEL): _____ (FAX): _____ Account #: _____ Contact Name: _____
4) NAME: _____ ADDRESS: _____ (TEL): _____ (FAX): _____ Account #: _____ 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 (Please 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)