



4205 PERKINS ROAD  
LONDON, ONTARIO CANADA • N6L 1C2  
Tel: (519) 652-2227 • Fax: (519) 652-3975  
**Toll-Free Fax: 1-800-565-5878**

**ACCOUNT AGREEMENT / CREDIT APPLICATION**

OPERATING NAME				DATE	
CORPORATE NAME				BUSINESS PHONE	
MAIL ADDRESS				E-MAIL	
SHIPPING ADDRESS				WEBSITE	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	DATE BUSINESS ESTABLISHED	PROV TAX #:	FRANCHISE/BUYING GROUP	PREFERRED FREIGHT METHOD <input type="checkbox"/> UPS <input type="checkbox"/> PUROLATOR <input type="checkbox"/> PICKUP <input type="checkbox"/> CHEAPEST	
DESCRIPTION OF BUSINESS			WHOLESALE ACCOUNT TYPE REQUESTED <input type="checkbox"/> APPAREL <input type="checkbox"/> EQUIPMENT (PENDING APPROVAL)		
<b>PRINCIPALS</b>					
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE	
<b>PREFERRED PAYMENT TYPE</b>					
<input type="checkbox"/> C.C.C. (CASH/DEBIT) *PICKUP ORDERS*		<input type="checkbox"/> C.O.D. (COMPANY CHEQUE)		PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:	
<input type="checkbox"/> E-TRANSFER		<input type="checkbox"/> VISA/MC (PLEASE COMPLETE CREDIT AUTHORIZATION FORM)			
<b>TRADE REFERENCES</b>					
COMPANY NAME			WEBSITE	PHONE	
COMPANY NAME			WEBSITE	PHONE	

**ALL ORDERS WILL BE PROCESSED AS VISA/MC, UNLESS OTHERWISE REQUESTED AND APPROVED.**

I (WE) HAVE SUBMITTED THIS APPLICATION REQUESTING CREDIT, AND CERTIFY THAT ALL STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. I (WE) AGREE THAT CREDIT INQUIRIES MAY BE MADE, AND AUTHORIZE RELEASE OF SUCH INFORMATION TO YOU. I (WE) UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH SAID TERMS AND AGREEMENT. I (WE) ALSO AGREE, IN THE EVENT OF DEFAULT, TO PAY REASONABLE INTEREST, COLLECTION CHARGES, ATTORNEY FEES AND COURT COSTS WHERE APPLICABLE.

**OWNERSHIP OF PRODUCT:** UNLESS OTHERWISE AGREED TO IN WRITING, THE SUPPLIER RETAINS OWNERSHIP (SECURITY INTEREST) OF ALL MERCHANDISE SHIPPED UNTIL PAID FOR IN FULL BY THE APPLICANT.

\_\_\_\_\_  
APPLICANT SIGNATURE

**OFFICE USE ONLY**

SUBMITTED BY: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVED:    ☐ C.C.C.    ☐ C.O.D.    ☐ VISA/MC

☐ EFT    ☐ TERMS    CREDIT LIMIT: \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ONCE COMPLETE, EMAIL THIS FORM TO  
CSERVICE@WESTMOUNTDISTRIBUTORS.CA**



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## WESTMOUNT DISTRIBUTORS INC. CREDIT CARD AUTHORIZATION FORM

If you wish to pay for purchases on your credit card, please complete the required information below and return this form to us. **Please note that we cannot accept debit cards.**

COMPANY NAME: \_\_\_\_\_

VISA #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRY: \_\_\_\_\_ CVV# \_\_\_\_\_

MC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRY: \_\_\_\_\_ CVV# \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

**\*YOU MUST INCLUDE YOUR CVV # ON THE BACK OF THE CARD**

This form authorizes Westmount Distributors Inc. to accept orders from our business and charge the cost of these goods to the credit card indicated above. By signing this document we are accepting responsibility for these transactions to ensure full payment to Westmount Distributors Inc.

We will inform Westmount Distributors Inc. in writing if use of this card is to be discontinued.

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICE USE**

Account: \_\_\_\_\_ Prov: \_\_\_\_\_