



EWESTERN INC.

PO BOX 128
Colville, WA 99114, USA
Phone: 1-877-294-0787
Fax: 1-509-684-6744
E-mail: info@ewesterninc.com

Thank you for your interest in EWESTERN INC.® products!
Please complete the following application and return it by fax or mail along with a copy of your sales tax certificate for our files.
If you have any questions, please feel free to contact us. Thank you again ~

ACCOUNT APPLICATION

Business Name	State Sales Tax Number or Federal ID Number (SUBMIT COPY)
(DBA) Trade Name	Principal Officer Of Company (Name + Title)
Address	Accounts Payable Contact (Name + Phone Number / Extension)
City, State, Zip	Purchasing Contact (Name + Phone Number / Extension)
Telephone #	Fax #
	Email

BUSINESS FACTS Class of Trade:		Purchases For:	Payment Terms Desired:
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Resale	<input type="checkbox"/> Net 15 (see below)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Distributor	<input type="checkbox"/> Company Use	<input type="checkbox"/> VISA / MasterCard
<input type="checkbox"/> Corporation	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Personal Use	<input type="checkbox"/> Prepay
Yr. Established: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> COD

TRADE REFERENCES (Required for NET 15 Terms include fax numbers)

Name of Company with Whom You Do Business:	FAX#:
1 _____	
2 _____	
3 _____	
4 _____	

Credit Line Requested: \$ 500

TERMS AGREEMENT: The undersigned (“Purchaser”) agrees that all purchases made from EWESTERN INC. (“Seller”) are subject to the following terms and conditions:

1. All amounts due for goods and services purchased from Seller are payable to the Seller’s distribution facility. Purchaser acknowledges that such amounts are not payable in installments, but are payable in full as stated herein.
2. All amounts due Seller are payable in accordance with the payment terms granted by Seller’s credit department. If any amount due Seller is not paid within the terms, a delinquency charge shall be added to the sum due, which charge shall equal the amount obtained by multiplying the delinquent balance by one and a one-half percent per month.
3. Purchaser shall pay Seller a service charge in an amount equal to the greater of \$50.00 or 5% of the check amount for all checks returned by Purchaser’s bank.
4. In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all attorneys’ fees, court costs and collection fees incurred by Seller.
5. Purchaser shall notify Seller by certified mail of any change of ownership of Purchaser. Purchaser warrants to Seller that all information furnished is true, correct, and complete in all material respects.

Purchaser’s signature attests responsibility for this account and agreement to pay Seller in accordance with the above terms.

Signature of Purchaser	Purchaser’s Phone No.	Date Signed		
Name and Purchaser’s Title (print or type)	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Internal Use Only</td> </tr> <tr> <td>Brand _____ PL _____ Sales Person: _____</td> </tr> </table>		Internal Use Only	Brand _____ PL _____ Sales Person: _____
Internal Use Only				
Brand _____ PL _____ Sales Person: _____				

Please attach SHIP TO and BILL TO addresses if different than Business address above.



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BANK REFERENCE REQUEST

CUSTOMER NAME: _____

ADDRESS: _____

BANK NAME _____

ADDRESS: _____

ACCOUNT NO: _____

ACCOUNT TYPE: BUSINESS CHECKING PERSONAL CHECKING

I hereby authorize to release the information on my account to EWESTERN INC.

Signature

Print Name

Date

Below this line for bank use only

Date Account Opened: _____

Average Daily Balance: _____

Current Balance: _____

Overdrafts: _____

Returned Checks: _____

Comments: _____

Prepared By

Position

Date



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Credit Card Authorization

For your convenience, We will use this authorization to process the amount stated on your purchase order (s) faxed and charge your credit card account for the said amount and any additional incurred fees.

Please type or print

CONPAYNY TRADE NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE

FAX:

ORDER DATE:

PURCHASE ORDER NUMBER:

CONTACT NAME:

E-MAIL ADDRESS:

Credit card:

VISA

MASTERCARD

(Circle one)

Account No:

Expiration Date:

Cardholder's Signature:

Date:

Card Verification code (3 digit, non-embossed number printed on the signature panel on the back of the card)

Cardholder's Name (Print):

Cardholder's Billing Address:

(EXACTLY AS IT APPEARS ON YOUR MONTHLY STATEMENT)

City:

State:

Zip code: