

NEW CLIENT BILLING INFO & CREDIT APPLICATION



COMPANY INFORMATION

Company: _____ Parent Company (if appl): _____
Contact Person: _____ Title: _____
Email: _____
Phone: _____ Fax: _____ Cell: _____
Address: _____ Ste./Unit: _____
City: _____ State: _____ Zip: _____

Billing Info (if different than above)

Billing Contact: _____
Email: _____
Phone: _____ Fax: _____ Cell: _____
Address: _____ Ste./Unit: _____
City: _____ State: _____ Zip: _____

Tax Exempt? Yes No For state of _____
Tax Exemption Certificate or Direct Payment Authorization # _____
Name of Officers/Principals _____ Title _____

INVOICING REQUIREMENTS

Does your company require a purchase order? Yes No
We prefer to email invoices, is this ok? Yes No
If yes, should we use Billing email address above? Yes No Use: _____
Do you have any additional invoicing requirements? _____

Submitted By:

Name Title Date

(Please STOP here unless applying for credit account)

Please save and fax to: **310-857-5060**.
You may also email to: ops@westpostdigital.com. Email may not be as secure, so please use at your own risk.

WPD Use: Sales Rep _____ Payment Terms: _____ Approved by: _____

CREDIT APPLICATION

Please fill out this section only if interested in establishing credit terms with West Post Digital.

Payment Term requested:

Net 15 Net 30 Net 60

Business Type:

Proprietorship Partnership Corporation Other

Year business started/incorporated:

Tax ID# (or Social Security number if proprietorship):

Tax Exempt?

Yes No For state of: _____

Tax Exemption Certificate or Direct Payment Authorization #: _____

Name of Officers/Principals: _____ **Title:** _____

BANK INFORMATION

Primary Bank Name _____

Contact Person: _____ Title: _____

Main Phone: _____ Fax: _____

Address: _____ Ste./Unit: _____

City: _____ State: _____ Zip: _____

Account # _____ Loan # _____

Secondary Bank Name _____

Contact Person: _____ Title: _____

Main Phone: _____ Fax: _____

Address: _____ Ste./Unit: _____

City: _____ State: _____ Zip: _____

Account # _____ Loan # _____

VENDOR INFORMATION

Vendor Name _____

Contact Person: _____ Title: _____

Main Phone: _____ Fax: _____

Address: _____ Ste./Unit: _____

City: _____ State: _____ Zip: _____

Vendor Name _____

Contact Person: _____ Title: _____

Main Phone: _____ Fax: _____

Address: _____ Ste./Unit: _____

City: _____ State: _____ Zip: _____

Vendor Name _____
Contact Person: _____ Title: _____
Main Phone: _____ Fax: _____
Address: _____ Ste./Unit: _____
City: _____ State: _____ Zip: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

West Post Digital, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s) or other commercial firms with whom I/we have done business. It is understood that such credit and/or financial information will be held in strict confidence and used only in consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full in accordance with the terms of sale stated on West Post Digital, Inc. invoices. Should I/we not pay according to terms, it is understood that credit privileges may be withdrawn. Should West Post Digital, Inc. find it necessary to obtain assistance in collecting any past due balance, I we agree to pay interest at the rate of 1½% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or incurred court costs allowable by law.

Authorized Signature:

Name Title Date

Please save and fax to: **310-857-5060**.

You may also email to: ops@westpostdigital.com. Email may not be as secure, so please use at your own risk.