**WAL GROUP, LLC**227 N Sunset Ave. City of Industry CA 91702 Tel: 626-336-7088 Fax: 626-336-7077

**CUSTOMER APPLICATION FORM**

|  |
| --- |
| Company Name: |
| Phone: | Ext: | Fax: |
| Address: |
| City: | State: | Zip code: | Country: |
| Resale #: | Federal Tax ID: |
| Name (Last, First) | E-mail Address |
|  |  |
|  |  |

Please attach a copy of the sellers permit with this application and make sure all areas are completed before faxing to: (626) 336-7077

**CREDIT CARD AUTHORIZATION INFORMATION**

|  |
| --- |
| Estimated Total Monthly Purchases (USD): \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_**Wal Group LLC will perform a credit card authorization for the amount you specify to validate available credit**. An authorization is not a charge to your card.  |
| Declaration |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Walgroup, LLC to use the following credit card information to charge purchases made at Walgroup, LLC. |
| Cardholder Information |
| Full name as it appears on card: |
| Billing Address: |
| City: | State: | Zip Code: | Phone: |
| Credit Card Information |
| Type of Card:□ Visa □ Mastercard  |
| Credit Card Account #: |
| Expiration Date (MM/YY): | Security Code: |

**With this signature, I swear that the information on this form is true and correct as to every material matter.
Authorized Signaure:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**