**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:**

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