Wholesale Glass Vases International, Inc. Address: 10675 Hickson St, El Monte, CA 91731 • Tel: (626) 452-8268 • Fax: (626) 452-0899 • www.WholesaleGlassVasesInt.com

Email: sales@wgvint.com

## **NEW ACCOUNT APPLICATION FORM**

Applicant Information							
COMPANY NAME							
CONTACT PERSON (FIRST NAME)	ONTACT PERSON (LAS	NTACT PERSON (LAST NAME)		TITLE IN COMPANY			
ADDRESS	ITY	Y		STATE	POSTAL C	ODE	
COLINITRY	T r	EDEDAL	DAL TAY ID OD DESELLED'		STICENSE		
COUNTRY FEDERAL TAX ID OR RESELLER'S LICENSE							
TELEPHONE NUMBER A	   TERNATIVE TELEPHON	ERNATIVE TELEPHONE			FAX NUMBER		
EMAIL ADDRESS	EMAIL ADDRESS WE		EBSITE ADDRESS				
<ul> <li>By providing all information, applicant shall hold all responsibilities.</li> <li>Applicant acknowledges that this application is a non-binding contract between WGV International and applicant, but understands this is a process to setup an account with WGV International.</li> <li>There are no obligations or fees associated with this application.</li> </ul>							
<ul> <li>WGV International reserves the right to request any necessary information from customer to complete this application.</li> <li>Preferred Shipping Destination</li> </ul>							
COMPANY NAME (If Necessary)							
ADDRESS CITY				STATE	POSTAL C	CODE	
ADDICESS				STATE	POSTALC	ODE	
CONTACT PERSON CONTACT TELEPHONE							
				CIRCLE ONE: LJ COMMERCIAL			
						RESIDENTIAL	
<ul> <li>Based on the preferred shipping destination, WGVI will determine the freight cost for individual order placed.</li> <li>Unless specified shipping destination is provided to WGVI at time of placing order, the above information shall serve as the default shipping location. Any changes in shipping location after shipment is processed shall be in the expense of the customer.</li> </ul> Payment Information (OPTIONAL)							
CREDIT CARD TYPE: ☐ MASTER CARD ☐ VISA							
CARDHOLDER'S NAME (FULL)  BILLING ADDRESS							
BILLING CITY	BILLING STATE	BILLIN	BILLING POSTAL C		BILLING COUNTRY		
CREDIT CARD NUMBER		EXPIRATION		N DATE	CVN (Card Verifi *Last 3-Digit on t	ication Number) the Back of Card	
			/_				
<ul> <li>Credit card information shall remain confidential and will not be disclosed to any third party. WGVI shall not charge on the credit card without the customer's acknowledgement.</li> </ul>							
					FOR OFFICE USE ONLY:		
					CUSTOMER ID		
					MEMBER SINCE		
					PROCESSED BY		
APPLICANT SIGNATURE DATE				LEVEL			