Wholesale Glass Vases International, Inc.
Address: 4063 Temple City Blvd., El Monte, CA 91732 •
Tel: (626) 452-8268 • Fax: (626) 452-0899 •
www.WholesaleGlassVasesInt.com
Email: info@WholesaleGlassVasesInt.com

NEW ACCOUNT APPLICATION FORM

Applicant Information

COMPANY NAME			
CONTACT PERSON (FIRST NAME)	CONTACT PERSON (LAST NAME)	TITLE IN COMPANY	
ADDRESS	CITY	STATE	POSTAL CODE
COUNTRY	FEDERAL TAX ID OR RESELLER'S LICENSE		
TELEPHONE NUMBER	ALTERNATIVE TELEPHONE	FAX NUMBER	
EMAIL ADDRESS	WEBSITE ADDRESS		

- By providing all information, applicant shall hold all responsibilities.
- 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.
- There are no obligations or fees associated with this application.
- WGV International reserves the right to request any necessary information from customer to complete this application.

Preferred Shipping Destination

COMPANY NAME (If Necessary)			
ADDRESS	CITY	STATE	POSTAL CODE
CONTACT PERSON	CONTACT TELEPHONE	CIRCLE ONE: ☐ COMMERCIAL ☐ RESIDENTIAL	

- All freight cost must be prepaid along with purchase order.
- Based on the preferred shipping destination, WGVI will determine the freight cost for individual order placed.
- 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.

Payment Information (OPTIONAL)

CREDIT CARD TYPE: ☐ MASTER CARD ☐ VISA			
CARDHOLDER'S NAME (FULL)		BILLING ADDRESS	
BILLING CITY	BILLING STATE	BILLING POSTAL CODE	BILLING COUNTRY
CREDIT CARD NUMBER ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___		EXPIRATION DATE ___ / ___	CVN (Card Verification Number) *Last 3-Digit on the Back of Card ___ ___ ___

- 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.

_____ _____
APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY:
CUSTOMER ID _____
MEMBER SINCE _____
PROCESSED BY _____
LEVEL _____

*****PLEASE FAX THIS APPICATION TO (626) 452-0899*****