



# West Shore

31060 Clemens Road  
Westlake, Ohio 44145

(440) 835-5600 Fax (440) 835-8654 E-mail: westshore@ameritech.net  
www.westshoredist.com

## New Account Information Sheet - Short Form

If you wish to remain on a C.O.D. basis (cash, check, or bank card), complete this form in full and sign. Return with the Blanket Certificate of Exemption. (To apply for credit terms, fill out the complete New Account Information Sheet instead.) Please print.

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Street Address \_\_\_\_\_ Daytime Phone if Different (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

County \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Address  Business Address or  Both E-mail \_\_\_\_\_

Sales Tax Exemption Number \_\_\_\_\_ Federal ID# \_\_\_\_\_

Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Date Established \_\_\_\_\_

Check Type of Entity:  Corporation- State \_\_\_\_\_ Name of President \_\_\_\_\_

Partnership- Name of Partners \_\_\_\_\_

Sole Proprietorship- Name of Owner \_\_\_\_\_  LLC- Managing Member \_\_\_\_\_

LLP- Managing Partner \_\_\_\_\_  Individual- Name \_\_\_\_\_

Organization- Responsible Member \_\_\_\_\_  Other- \_\_\_\_\_

Send Invoices Attention: \_\_\_\_\_

**Check here if you wish to remain on a C.O.D. basis and pay by check.** Please sign below and fill out bank reference for company check approval. Until check approval, COD orders must be paid by cash, money order, certified check, or bank card. (UPS no longer accepts cash.) A \$20.00 NSF fee will be charged on any returned checks, and the account may be placed on a cash, certified check, or bank card only basis.

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Checking Account # \_\_\_\_\_

**Bank Card.** West Shore offers the convenience of purchasing with your bank card. If you wish to use this program for all purchases, please complete the following.

**Please charge all my purchases to the following bank card:**

\_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ American Express \_\_\_\_ Discover/ Novus

Card # \_\_\_\_\_ Name on Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned authorizes the release of credit information to West Shore Distributors. The undersigned represents and warrants that the information provided is true and complete, and that West Shore may consider it as continuing to be true and correct until a written notice of a change is given to you by the undersigned. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of Ohio law, under the jurisdiction of Ohio Courts and that venue in any such action shall be in Cuyahoga County. It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past due amounts each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including Bank and Attorney fees. Merchandise may not be returned without prior authorization of West Shore Distributors.

By signing this application, I acknowledge that I have read and understand the terms of sale, and agree to abide by them.

**Full Company Name** \_\_\_\_\_

**By: Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_ 05/02