



Box 587
 Center Road
 Spanish Lookout
 Belize

Phone: 823-0104
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 E-mail: credit@westracbelize.com

ACCOUNT APPLICATION FORM

PLEASE PRINT OR TYPE (All questions must be completed for this application to be processed)

Company Name (Complete Legal Name)		Name of Person Responsible for Account	
Business Physical Address	City/Town	District	Phone Number
Billing Address (If different from above)	City/Town	District	Phone Number
Driver's License #	Social Security #	E-Mail Address	Fax Number

I _____ fully represent the company stated above. I hereby acknowledge that I am fully responsible to pay off any outstanding balance on the company's account at Westrac Ltd.

Signature	Print Name/Title	Date
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If Partnership (Please Complete Below)

1. Owner/Partner Name	Home Street Address	Fax
City/Town District	Home Phone	Cell Number
2. Owner/Partner Name	Home Street Address	Fax
City/Town District	Home Phone	Cell Number

Type of Account:
 (Please Check) Cash Only Charge Net (30) days Purchase Order Yes No

Amount of Credit Requested \$ _____ **Tax Identification #** _____

Invoices are Net 30 days starting from purchase date.

Please list (3) companies with whom you have a credit account: (By filling out this section, you give us permission to call each company)

Company Name	Street Address	Phone Number
Company Name	Street Address	Phone Number
Company Name	Street Address	Phone Number

Account and Purchasing Policy

Provide an *authorized list* of individuals who are to *sign required Purchase Orders*. If there are to be specific individuals authorized to *pick up items*, a list should be provided. (You may be asked to provide a sample of signatures.)

If there are any changes to be made on the account, the request must be submitted in *writing*.

If any other individuals, outside the company, want to purchase under the company name, he or she must have a purchase order or present a valid authorization that is signed or stamped by the company before any transactions can be made.

Refund/Return of Items Policy

Westrac Ltd's Policy is a **NO** cash refund. A **credit note** is issued to the customer. A *re-stocking fee of 15%* is levied upon all returned items, if, items are not returned *within fifteen (15) days* of purchase, and/or not accompanied by the *original invoice*.

Returned items **after 60 days**, of the invoice date, will be accepted at Westrac's discretion.

Return Cheques Policy

Westrac Ltd. reserves the right to **accept or deny** any cheque payments.

If a cheque is accepted as payment for an invoice, or to an account, and said cheque is returned, all bank fees and an administrative fee of \$50.00 will be charged to the customer. Thereafter, Westrac Ltd. may decide to **NOT** accept any future cheques from said customer.

Discount Policy

Westrac Ltd's. policy is to look at the history of the company/customer who wants to have a discount on their account. Depending on the *annual purchases* made on the account, a suitable discount is applied. This discount is for the **customer's account only**. If the account is used by other individuals to take advantage of the discount, the discount will be **revoked**.

THE FOLLOWING MUST BE AGREED TO AND SIGNED UPON, OTHERWISE CREDIT REQUEST WILL BE DENIED

If credit is granted (I) (we) promise to pay bills when due. (I) (We) understand all invoices are payable within Thirty (30) days from date of invoice. A 2% interest will be charged monthly on ALL outstanding 60 Day invoices. (Unless other arrangements have been made with the Credit Department.) In the event that payment is not made, all (my) (our) account information will be referred to a collection agent; and, (I) (we) will pay reasonable attorney and other fees resulting from such action.

DECLARATION

I hereby declare that I have read the above agreement and clearly understand all that is required and the terms and nature of this agreement. I further declare that all information that I have provided is true and correct.

Signature

Print Name/Title

Date

For Westrac Ltd. Official Use

Received by: _____

Date: _____

Conducted by: _____

Date: _____

Approved by: _____

Date: _____