

Customer New Account Credit Application

In order to establish an account with Westco Parking Technologies, Inc. we must have the following information. Please ensure that all questions are answered completely to avoid unnecessary delays. For faster verification you may FAX your completed application to us at 1-800-978-4621 but we also require the copy with original signature to be sent to us via US Mail to:

Westco Parking Technologies, Inc.
1221 Palmetto Avenue Suite #C
Pacifica, CA. 94044

Company Name: _____ **Phone #:** _____ **FAX#:** _____

Mailing Address: _____ **City, State, & Zip Code:** _____

Type of Business: _____ **Years in Business:** _____ **At Present Location:** _____

Circle One: Corporation LLC Proprietor Partnership

Give Names, Addresses, Phone #'s, and Title(s):

1) _____

2) _____

3) _____

Trade References (Give only those accounts that you buy from on a Open Account; we must have 4 references)

1. Name _____ Phone #: _____ FAX#: _____

Mailing Address: _____ City, State, & Zip Code: _____

2. Name _____ Phone #: _____ FAX#: _____

Mailing Address: _____ City, State, & Zip Code: _____

3. Name _____ Phone #: _____ FAX#: _____

Mailing Address: _____ City, State, & Zip Code: _____

4. Name _____ Phone #: _____ FAX#: _____

Mailing Address: _____ City, State, & Zip Code: _____

Please check mark the basis you normally pay your bills: (Westco terms are NET 30 days)

1 Take Discounts 10-30 Days 30-45 Days 45-60 Days Over 60 Days

I hereby certify that the above information is correct, and that you or your agent may use this information for the purpose of verifying my company's credit. I further agree to abide by the terms and conditions for this credit account with Westco Parking Technologies.

Signed: _____ **Date:** _____

Customer Bank Release Form

I authorize my bank _____ to release information to Westco Parking Technologies, Inc. for the purpose of establishing a credit account with their company.

Company: _____ **Signed:** _____ **Dated:** _____