

Wiston Group Inc

713 Brea Canyon Road, Walnut, CA 91789
Tel: 909.444.8214 Fax:909.444.1665

New Account Application Form

Business Information

Business Name			
DBA Name			
Address	City	State	Zip
Business Type:	Incorporated Y/N		
Federal Tax ID#	E-Mail Address		
Phone # ()	Fax # ()		
Key Contact Name:	Yr. Business Established:		

Principal Information: No P.O. Box #'s

First, Middle, Last			
Home Address	City	State	Zip
Social Security #	Home Phone # ()		
Title			

Bank Information

Bank Name	
City, State	Checking Acct. #
Contact Name	Bank Phone # ()
Principal Signature:	
Print Name	Date:

Trade References (computer related trade references)

1. Company Name:	Account #
Company Address:	
Contact Person:	Tel: ()
2. Company Name:	Account #
Company Address:	
Contact Person:	Tel: ()

Credit Card Information (*See Terms and Conditions #2)

Credit Card #	Expiration Date: / (MM/YY)
Visa/Master/Discover (Last 3 # of the security code)	American Express (4 # of the security code)
Billing Address: 1) Same as company address; or 2)	

Terms and Conditions

In signing for the undersigned ("Company") shown below, I certify to Wiston Group Inc that:

- Everything in this agreement is true and accurate, and I am authorized to complete and execute this agreement on behalf of the Company shown below.
- Return Checks:** I understand that if the bank returns a Company check, the Company will be assessed \$15.00 for each check returned. Further, until the Company either wire transfers or sends a cashier's check for the full amount due, the Company will have to pay by method of cash, cashiers check, or wire transfer in advance for future orders. I agreed that if the Company cannot pay for the full amount within 1 month after the date of the check returned, Wiston Group will have the right to charge the invoice amount and any costs of collection plus 2% credit card transaction fee on the above credit card provided.
- Interest:** I agree to pay eighteen (18%) percent annual interest on any unpaid balance.
- Attorney's Fees & all other costs of collection:** Attorney's fees and all other costs of collection will be added to accounts not paid by the due date of the invoices.
- Returns are for credit only. No cash refunds.
- Sales and Use Tax Certificate of exemption:** I HEREBY CERTIFY, That I hold valid seller's permit # _____ issued pursuant to the Sales and Use Tax Laws; that I am engaged in the business of selling PC parts which I shall purchase from Wiston Group, Inc in the form of tangible personal property; PROVIDED, however, that in the event that any demonstration, or display while holding it for sale in will be resold by me the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase of such property.

Print name _____ Date: / /
DD/MM/YY

Signature: _____
Title _____

**Please complete this form and fax it back with valid seller permit (or sales tax exempt form) & a void check to 909-444-1665.