

WESTGATE CREDIT APPLICATION

Welcome to Westgate Mfg!

We're excited about the opportunity to partner with you as a Westgate-authorized distributor. Before completing this application, please review the following requirements:

- Valid Resale Permit: Specific to electrical and lighting products.
- **Active Customer Base:** Westgate products are strictly for resale and may not be used for personal or internal company purposes. Your customer base should include businesses, designers, contractors, or end users to whom you will resell our products.
- Industry References: At least two current manufacturers in the Electrical/Lighting field.
- **Minimum Order:** Required for higher distributorship levels offering no minimum free shipping.
- **Positive Reputation**: A strong presence within your community and positive reviews on platforms like BBB, D&B, Google, Yelp, etc.

Meeting these requirements ensures a strong partnership and allows us to provide the best support for your business success.

We look forward to working with you!

Westgate's Rights: Westgate reserves the right to approve, deny, or revoke distributor status or credit terms at its discretion.



CREDIT APPLICATION

Sales Rep:

New Account

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Westgate Manufacturing, Inc. 2462 E 28th Street, Vernon, CA 90058 USA

| Trade Name: | | | |
|--|---|--|----------------------|
| | | Corporation | |
| | | Date Incorporated: | |
| | | | Fed. Tax ID: |
| City: State: Zip Code: Contact [1]: Fax: Email: State: Zip Code: Fax: | | | Partnership |
| | | | C D |
| | | | Resale: Yes No |
| | | (ii yes, resule cara mast be attached) | |
| | | Facilities: Own Lease | |
| | E-commerce, etc.): | Years in Operation: | |
| • | k Bradstreet]: | | |
| Type of Business: | Electrical & Lighting Supp Wholesale Electric | ies/ Retail/H | ardware Store Branch |
| | Lighting Showroom | Others | |
| Total Annual Sales: | Ex | pected Monthly Purd | chases: [|
| Approved Agent(s) | for Purchasing: | | A/P Contact: |
| Employee Total : | | Numbe | r of Branches: |
| Which product cate | gories are you interested to p | urchase: | |
| Who are your curre | nt supplier(s)? (OPTIONAL): | | <u> </u> |
| What do you expec | t from your vendors? (OPTIONAL) | :, | |
| Do you have any sp | ecial requirement from US? (c | PTIONAL); | |
| SHIPMENT INFOR | MATION | | |
| Ship to address (Not | needed if same as the billing addres | ;s): | |
| NAME | ADDRES: | S (STREET/CITY/STATE/ZIP C | ODE) |
| CONTACT | TELEPHO | ONE | FAX |
| Which shipping com Trucking Compa | npany is the most commonly (nies (Pallet) UPS/FEDE) | | ders? Others: |

Date:_

Note: This information is required. Incomplete information will cause a delay in establishing credit. Orders cannot be processed until all requested information has been received and confirmed.



CREDIT APPLICATION

New Account

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Westgate Manufacturing, Inc.

2462 E 28th Street, Vernon, CA 90058 USA

| non, CA 90058 USA | Date:_ | | Sales Rep: | |
|---|--------------|-------------|-----------------|--|
| PRINCIPAL INFORMATION | | | | |
| PRESIDENT/PARTNER/OWNER NAME | | | HOME TELEPHONE | |
| HOME ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| PRESIDENT/PARTNER/OWNER NAME | | | HOME TELEPHONE | |
| HOME ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| PRESIDENT/PARTNER/OWNER NAME | | | HOME TELEPHONE | |
| HOME ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| BANKING INFORMATION | | | | |
| BANK NAME | | ACCOUNT NUM | //BER | |
| ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| CONTACT NAME | | TELEPHONE | | |
| TRADE REFERENCES | | | | |
| NAME | TELEPHONE | | FAX | |
| ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| NAME | TELEPHONE | | FAX | |
| ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| NAME | TELEPHONE | | FAX | |
| ADDRESS (STREET/CITY/STATE/ZIP CODE) | | | | |
| CREDIT CARD INFO (Will not be charged without your authorization) | | | | |
| ACCOUNT NUMBER | NAME ON CARD | | EXPIRATION DATE | |

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RESALE PERMIT

CREDIT APPLICATION

New Account

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RESALE PERMIT AND AGREEMENT

| Company Name: | | | |
|---|--|--|--|
| I hereby certify that I hold valid sellers per | mit number: | | |
| Issued pursuant to the sales and use tax; t | nat I am engaged in the business of selling: | | |
| That the tangible personal property descri | bed herein which I shall purchase from: | | |
| | for sale in the regular course of business. It is | | perty is used for any purpose other than retention, am required by the sales and use tax law to report |
| Signature: | By & Title: | | Date: |
| AGREEMENT FOR EXTENSI | ON OF CREDIT | | |
| make payment in full to Westgate Mfg. payment, the undersigned expressly ag and expenses incurred in the collection Westgate Mfg. Inc. authorized represencedit card, without prior authorization | , Inc. for all purchases in accordance with grees to pay a late charge. The undersigne of any obligation of the undersigned purn ntative. The undersigned authorizes West | Westgate Mfg. ir d further agrees want hereto. Thi gate Mfg., Inc. to e payment. The w | obtaining credit. The undersigned expressly agree to avoice(s). Should the undersigned default in any such to pay a reasonable attorney's fee and all other costs is agreement shall become effective when accepted by a withdraw funds from the customer's bank account, undersigned shall not transfer or assign its rights or |
| The undersigned additionally agrees to | all terms and conditions in Westgate Mfg | ., Inc. General In | formation and Policy Statement. |
| in the event of any suit, action, or proce | | extension of crec | e in the State of California. The undersigned agrees that lit to the undersigned, venue shall be in Los Angeles gate Mfg., Inc. |
| individual credit history may be a facto | | Hereby consents | o of the credit applicant recognizing that his or her to and authorizes the use of a consumer credit report ded in the credit evaluation process. |
| Applicant | | | |
| Title | Date | | |
| Authorized Signature | | | Send copy of ID |
| Print Name | | | |
| | | | |

Phone: 877-805-2252 • Fax: 877-809-2252 •



We want to provide the information your company needs to the correct contacts in a timely manner.

Please help us serve you better by answering a few questions below:

| Help Us Serve You Better | |
|--|---|
| Customer Contact Data Collection | Your Responses |
| Customer Name: (Individual Branch) | |
| Physical Street Address: | |
| City: | |
| State: | |
| Zip Code: | |
| | |
| Ship to Info: (If Different That Above) | |
| Customer Name: | |
| Street: | |
| City: | |
| State: | |
| Zip Code: | |
| | |
| Bill To info (If Applicable): | |
| Headquarter Name: | |
| Address: | |
| City: | |
| State: | |
| Zip Code: | |
| | |
| Preferred Billing Method: | US Postal Mail: EMAIL: |
| Your Company Email Addresses? (Can Add | |
| Multiple in Each Row, Use A Semi Colon To | |
| Separate ";") | |
| Main Email Contact: | |
| Email Invoices To: | |
| Email Statements To: | |
| Email Order Conformations To: | |
| Email Tracking Numbers To: | |
| New Products & Pricing Updates: | |
| Please check the box to allow Westgate to send | Yes, Please provide order updates via SMS |
| SMS (text) notifications with updates on | |
| shipments, tracking, and other order details. | |
| You can opt out of this service anytime by | |
| texting 'STOP.' | |