

PHONE: 214*351*0977
FAX: 214*351*2022
www.awdistributors.com



PLEASE INCLUDE PHOTOCOPY OF STATE ISSUED RESALE CERTIFICATE, DRIVERS LICENSE and CERTIFICATE OF OCCUPANCY

*** Note: Incomplete Applications Will Not Be Processed***

**ACCOUNT APPLICATION
BUSINESS & OWNERS CONTACT INFORMATION**

Date:

Company Name:

Tax Resale Number#

Circle One: Sole Proprietorship Partnership Corporation Payment method: ()Cash ()Check ()Credit Card

Telephone:

Fax:

Email:

Bill To

Website:

Company Address:

City:

State:

ZIP Code:

Ship To Address:

City:

State:

ZIP Code:

Owner Information

First Name:

Last Name:

Residential Address:

City:

State:

ZIP Code:

Social Security#

Driver License:

State:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Terms:

Sales Rep:

Company name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Terms:	Sales Rep:	

Company name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:

Terms: _____ Sales Rep: _____

I, The undersigned, do hereby authorize A& W Distributors to contact the above business/trade references for obtaining credit for consideration of granting a credit line.

Print Your Name: _____ Signature: _____ Date: _____

How Did You Find Out About Us? _____

ACCOUNTS APPLYING FOR CREDIT SIGN BELOW FOR AGREEMENT: ACCOUNT TERMS & CONDITIONS

1.) Upon approval of this application, A&W Distributors, in its sole discretion, may assign applicant a maximum credit line and shall reserve the right to increase, decrease or terminate applicant's credit privileges under this application at any time without prior notice to applicant, except as otherwise provided by law.

2.) Payment of the purchase price for goods and/or services acquired from A&W Distributors shall be made pursuant to the terms set forth on each invoice and applicant agrees to pay all charges according to the payment terms established in said invoice. The entire outstanding balance on all invoices shall become due to A&W Distributors in full immediately upon default in payment of any invoice.

3.) Applicant agrees to pay interest in the amount of 1.5% per month, or the highest rate permitted by law, whichever is less, on any past due payment: pursuant to the terms set forth on each invoice until collected.

4.) Applicant hereby certifies that the information furnished under this application is true and correct.

5.) A&W Distributors expenses: Applicant shall pay to A&W Distributors all costs and expenses, including without limitation, reasonable attorney's fees of not less than 25% of amount owed as well as the fees of any collection agencies and court costs incurred by A&W Distributors in exercising any of its rights or remedies hereunder by enforcing any of the terms, conditions or provisions hereunder.

6.) General (a) no modification hereof shall be binding upon either party unless the modification is in writing and signed by a duly authorized representative of both parties (b) If any provision of this agreement is unenforceable, such unenforceability shall not effect the remainder of this agreement unless a failure of consideration would thereby result. (c) This document and the rights and duties of the parties shall be governed and interpreted according to the laws of the State of Texas. (d) This agreement shall be binding upon and, except as otherwise provided herein, shall insure to the benefit of the parties hereto and their successors and assigns. (e) The rights and remedies granted herein are non-exclusive to those otherwise to those otherwise available under law of equity. (f) The terms and conditions of this contract and of any sales and payments made pursuant hereto are performable in Dallas County, Texas

7.) To further secure the payment of amounts owed to A&W Distributors and to further induce A&W Distributors to extend credit to the applicant, applicant hereby authorizes, irrevocably, any attorney of any court of record to appear for applicant in said court, and confess judgment without process in favor of the holder of this credit application for such amount as may appear to be unpaid in conjunction therewith, hereby expressly waiving all benefit under the exemption laws of applicant's State of Domicile, with costs and ten percent, attorney's fees, and waive all errors in any such proceedings, and to consent to immediate execution upon such judgment, hereby ratifying and confirming all that said attorney may do by virtue hereof.

SIGNATURES

Print Full Name: _____	Print Full Name: _____
Signature _____	Signature: _____
Date: _____	Date: _____



CREDIT CARD AUTHORIZATION

Please complete the following form if paying by credit card on file. For your security please include a photocopy of the card holders' drives license and rear of the credit card and fax back to our secure fax line at:

214*351*2022

COMPANY NAME: _____

BILLING ADDRESS OF CARD HOLDER: _____

CITY: _____ STATE: _____ ZIP Code: _____

CARD TYPE: () VISA () MASTERCARD () AMERICAN EXPRESS () DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____
(MONTH) (YEAR)

V-CODE: _____
(LAST 3 NUMBERS ON BACK OF CARD)

NAME **EXACTLY** AS IT APPEARS ON CARD: _____

OTHER AUTHORIZED USERS: _____

DRIVERS LICENCES# _____ ST: _____ EXPIRATION DATE: _____

SPECIAL INSTRUCTIONS: _____

If using American Express or Discover Cards be advised there will be a 3% processing fee. I here authorize A&W Distributors to process payment for the telephone order to the above referred credit card. I assume responsibility for payment on orders made by the above listed authorized users. Any changes to account shall be made in writing to A&W Distributors. I have read and agree to the above mentioned conditions and terms.

****Please remember to send the photocopies of Credit card and Drives Licenses****

Card Holder Signature: _____ Date: _____