

**WESTERN**



**PACIFIC**

**WESTERN PACIFIC DISTRIBUTORS**

1739 SABRE STREET, HAYWARD, CA 94545  
510/732-0100 510/732-0155 FAX

APPLICATION FOR COD ACCOUNT

TO: Western Pacific Distributors  
1739 Sabre Street, Hayward, Ca. 94545

DATE: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)**

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

OWNERSHIP STYLE: ( ) CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP

FULL NAME ( LIST ALL OWNERS) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BUSINESS STARTED: \_\_\_\_\_ CURRENT OWNERS SINCE: \_\_\_\_\_

**OTHER BUSINESS INTEREST OF OWNERS:**

FIRM NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**BUSINESS LICENSES HELD:**

STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ LICENSE# \_\_\_\_\_

NAME INSURED UNDER: \_\_\_\_\_

*All blanks must be filled in completely for the opening of a COD account.*