



3785 62ND Ave N
Pinellas Park, FL 33781-6001
T (727) 522-5741 // F (727) 520-8585

WHOLESALE ACCOUNT APPLICATION

COMPANY INFORMATION

Legal Name of Company			
Shipping Address	City	State	Zip Code
Phone Number	Website	Email	

BUSINESS TYPE (check all that apply)

Storefront Installer Website Other: _____

CURRENT SUPPLIERS

1. _____ Company Name 2. _____ Company Name 3. _____ Company Name

TERMS & CONDITIONS

All invoices are to be paid within 10 days of month-end. Any account not paid in full by the due date will be considered delinquent. These accounts will be placed on credit hold until the past due balance is paid in full. Any account issuing a N.S.F. check will be put on permanent cash or certified funds basis. In addition, all bank fees will be charged back to the client. CLAIMS: Claims of shortage, damage or error in shipment must be made within 2 working days of receipt of goods. DAMAGE IN TRANSIT: It is the customers responsibility to report shipping losses and damages to the carrier immediately. Fastco's responsibility ends when shipments are signed for in good condition. LIABILITY: All products sold, are done so under the warranty policy of the actual factory where they have been produced. We offer or imply no other warranty. RETURNS: All returns receive a 20% restocking fee & freight must be prepaid. All returns require an RGA Number. Fastco USA retains title of all goods supplied until they are paid for in full.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Application Checklist	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Fax to (727) 520-8585 or email to team@fastcousa.com
	<input type="checkbox"/> Resale Certificate or Exemption Certificate	



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CREDIT CARD AUTHORIZATION FORM

I hereby authorize Fastco USA to charge my credit card as follows:

Keep this card on file as my:

- Primary Auto Back-up With Approval Only

NOTE: Fastco USA does not accept international credit cards.

CREDIT CARD INFORMATION

Credit Card Number

Cardholder Name

Expiration Date

3 Digit CVV2 Code (on back of card)

Company Name

Cardholder's Relation to Company

BILLING ADDRESS

Street Address

City

State

Zip Code

If the billing address is not your business address, please provide an explanation:

Cardholder's Signature: _____

Phone Number: _____ Date: _____

Fax to (727) 520-8585 or email to team@fastcousa.com

FOR OFFICE USE ONLY

Notes: