

# CUSTOMER APPLICATION



**818 S. Padre Island Drive • Corpus Christi, TX 78416**  
**(361) 851-2310 FAX (361) 851-9710**

**[www.wencar.com](http://www.wencar.com)**

Store Name

Application Date

**FOR OFFICE USE ONLY**

Approved For Credit  Credit Terms in Days

Credit Limit

Approved By

Wencar Account #

**BUSINESS LEGAL INFORMATION**

Legal Name of Business  Accounts Payable Contact  Business Office Phone

Business Office Mailing Address  City  State  Zip Code

Type of Ownership  Sole Ownership  Partnership  Corporation:  Date & State of Corporation

Business Office Fax

**OWNERSHIP INFORMATION**

Complete for Sole Owners, Corporate Officers or Authorized Managers

NAME (First, Middle, Last)  Title  Contact Number

Home Address  City  State  Zip

NAME (First, Middle, Last)  Title  Contact Number

Home Address  City  State  Zip

NAME (First, Middle, Last)  Title  Contact Number

Home Address  City  State  Zip

**STORE LOCATION**

Store Name (Name account will be set up in)  Wencar Account #  Former Customer  Yes  No

Delivery Address  City  State  Zip Code

Mailing Address (If different than delivery)  City  State  Zip Code

**STORE LOCATION**

Buyers Name  Store Phone  Store E-Mail

Sales Tax #  Cigarette Permit #  Est. Wkly Cig  Store Fax

SLS Call Day  SLS Call Stop  Cust Group  Delivery → Day  Route  Stop

Payment Terms A) – Charge B)- Cash Only C) - Cash/Check  Terms In Days : 0 = Cash 7 = 7 days

**Type of Store**  Convenience  Superette  Supermarket  Wholesaler  Other

If Chain Store: How Many Stores  Store Hours :  24 Hour Open:  Close

Store Facilities:  Rent  Own  Lease Number of years at this location

Landlord Name (If Rent or Lease)  Address (City, State, Zip)  Phone Number

MSI Unit Required:  Yes  No MSI Unit Number:



# Credit References

Customer Name

Customer Account #



CREDIT REFERENCE

1

Fuel Supplier

Account Number

Contact Number

Address

City

State

Zip Code

2

Reference Name

Account Number

Contact Number

Address

City

State

Zip Code

3

Reference Name

Account Number

Contact Number

Address

City

State

Zip Code

BANK INFORMATION

Name of Bank

Contact Name

Contact Number

Account Number

Address

City

State

Zip

Authorized Name On Account

Date Of Birth

Drivers License

State

Authorized Signature

Authorized Name On Account

Date Of Birth

Drivers License

State

Authorized Signature

## FOR OFFICE USE ONLY

	Date Opened	Terms of Sale	Avg. Purchases	High Credit Amt	Current Balance	NSF's	COMMENTS
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Bank	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

### TERMS OF APPLICATION:

I acknowledge and agree to the following: 1) that a late fee of \$2.50 per day or maximum of \$100.00 will be assessed on any past due balance 2) that interest is not to exceed the maximum rate the law allows will be charged on all past due balances that exceed the terms specified by the seller; 3) that in the event of default and referral to an attorney or collection agency I'm to pay all cost of collection including reasonable attorney's fees; 4) that if the type of ownership of the business changes from that described in the application, I will still be held liable for all debts and obligations incurred in connection with my request; 5) that if additional stores or locations are added at my request, the terms and obligations of this agreement will extend to those accounts or additional locations; 6) that only the Credit Manager of Wencar, Inc. has the authority to modify in writing the terms of this Agreement. The customer/debtor hereby grants to Wencar, Inc., Creditor, a security interest as defined in the Uniform Commercial Code of Texas, in and to all inventory including all proceeds thereof and there from now owned or hereinafter acquired in order to secure Wencar, Inc. from all indebtedness and obligations of the customer/debtor including any and all future advances, all expenses incurred by the secured party, Wencar, Inc., including remedying defaults, attorney's fees and cost and storage and care of collateral. I understand that the enclosed information is given for the purpose of obtaining credit information, and I certify that the enclosed information is complete and accurate as of the date of this application. I authorize you to contact these references and for them to release any financial information you require. I agree that this Contract is performable and all bills payable in connection therewith in Corpus Christi, Nueces County, Texas

Customer Signature	Print Name	Title	Date Signed
Customer Signature	Print Name	Title	Date Signed



818 S. Padre Island Dr.  
 Corpus Christi, TX 78416  
 (361)-851-2310 Fax (361)-851-9710  
*"Your Full Line Convenience Store Supplier"*  
*"Where Service Comes First"*



## Authorization Agreement for Direct Payments (ACH Debits)

Company Name \_\_\_\_\_ Wencar Account # \_\_\_\_\_

I (we) hereby authorize WENCAR, INC., hereinafter called the **"COMPANY"**, to initiate debit transactions to my (our)  Checking Account /  Savings Account (Select One) indicated below at the depository financial institution named below, hereafter called the **"DEPOSITORY"** and to debit such account as needed. I (we) understand that **COMPANY** will notify by me (us) by fax or e-mail prior to the debit providing the date and amount to be debited. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Print Authorized \_\_\_\_\_ Authorized \_\_\_\_\_  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contact Information

Please notify the following prior to an ACH draft:

Contact Name \_\_\_\_\_  E-Mail \_\_\_\_\_  Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_  E-Mail \_\_\_\_\_  Fax \_\_\_\_\_  
 Contact Name \_\_\_\_\_  E-Mail \_\_\_\_\_  Fax \_\_\_\_\_

Please draft the following store (s) on the day indicated below: (please list each Wencar account number)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____