



# Wing Lam Enterprises

1159 Willow Ave, Sunnyvale, CA, 94086 U.S.A

Tel: 408-244-2831, Fax: 408-244-2379

Website: [www.WLE.com](http://www.WLE.com) Email: [wleorders@wle.com](mailto:wleorders@wle.com)

## APPLICATION FOR WHOLESALE ACCOUNT

### Business Information

Name of Business \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Name of Owner(s) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contact Information

Primary Contact \_\_\_\_\_ Position \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Position \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Persons Authorized to submit order \_\_\_\_\_

### Shipping Information

Ship to: \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Billing Information

**Primary Card:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name as appears on Card \_\_\_\_\_  
**Alternate Card:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name as appears on Card \_\_\_\_\_

### Other Billing Options (Please indicate if this will be your primary method of payment)

Personal Check \_\_\_ Processed immediately, expect an average two week turn around.  
Company Check \_\_\_ Processed immediately, expect an average two week turn around.  
Money Order \_\_\_ Processed immediately, expect an average two week turn around.  
Cashiers Check \_\_\_ Processed immediately, expect on average a two week turn around.  
Wire Transfer \_\_\_ Only on orders over \$10000

Name of Preparer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a copy of business license and resale permit in addition to this form.**