



Your Complete Copy Center in South County

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NEW ACCOUNT APPLICATION

BUSINESS INFORMATION
BUSINESS OR CORPORATE NAME:
APPLICATION DATE:
BUSINESS BILLING ADDRESS.:
BUSINESS DELIVERY ADDRESS:
BUSINESS DESCRIPTION :
CITY/ST/ZIP.
CITY/ST/ZIP.
BUSINESS TELEPHONE:
FAX NO.:
EMAIL:
YEAR ESTABLISHED:

OWNER/ PRINCIPLES INFORMATION
NAME
TITLE
NAME
TITLE

Credit Card Authorization Form

Visa/MC/AMX Card #

Exp. Date

CVV Security (3 TO 4 ) numbers on the back of the card

ZIP Code that the card bill goes to

I/We agree to the card holders credit policy