

FAX TO: 1-800-948-6121 E-MAIL TO: info@waiglobal.com

MAIL TO: 3300 Corporate Way, Miramar, FL 33025 Attn: Customer Svc

CUSTOMER APPLICATION					Date:			
CUSTOMER MASTER	RINFO	RMATION:		L				
Bill To:				Ship To:				
Name:				Name:				
Street:				Street:				
City:				City:				
State / Province, Zip:				State / Province, Zip:				
Country:				Country:				
Contacts:								
Name	Title	Telephone No.	Fax No.			ail Addre ed for E-Store L		Contact Preference (Phone / Fax / E-Mail)
		1			I			1
Company Fax No.:		Com	oany E	-Mail	Address	<b>5:</b>		
Payment Terms Req	uested			Se	tup as:	□ co		
*If yes, complete Credit Application				☐ Credit Card				
Are you a rebuilder?								
		□ No (P	lease c	ompl	ete Sect	ion B)		
Section A: REQUI	RED FO	OR REBUILDER	S ONLY	<u> </u>				
Number of years re		ng alternators	& star	ters?				
Type of Rebuilding:	<u> </u>							
Automotive:		Import / 9				nestic /	%	
Heavy Duty:			6		□ Don	nestic /	%	
Number of Electrica								
Predominant Line of			-		_		_	
☐ Automotive Elec				-	ty Rebui	lder (ove	er 50%)	
☐ Agricultural / Inc			ver 50	%)				
Equipment: (list tes	sters, e	etc.)						

Section B: REQUIRED	Section B: REQUIRED FOR NON REBUILDERS ONLY								
Number of years in busing	iness?								
Line of business:									
☐ Independent Distrib	utor 🗌 Auto Ele	☐ Auto Electric OEM ☐ Installer							
☐ Jobber	☐ Other (li	☐ Other (list):							
Interested in buying:									
☐ Units ☐ Compo	nents 🗌 Light 🗅	☐ Light Duty ☐ Heavy Duty ☐ Otl							
Customer base (Market Information):									
<b>Current Suppliers:</b>									
			Approximate						
Name	Location (City, State)	Product Line	Monthly Spend						