WESTERN PACIFIC DISTRIBUTORS

1739 Sabre Street Hayward, CA 94545
510/732-0100 email: julio@teamwpd.com
www.teamwpd.com

Application for Credit

Date: _____

Business Name: _____

Contacts Name: _____

Email Address: _____

WPD's marketing department will occasionally send out emails pertaining to our products and services. Your information is never shared or sold, however, if you wish to opt out of these marketing emails please check here. ☐

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____Fax Number: _____

Physical Address (If different from Above)

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Industry: _____

Accounts Payable Contact Name: _____

AP Email for Payments and Statements: _____

Preferred method for paying invoices: ☐ **Check** ☐ **ACH Payment** ☐ **Credit Card**
(Note: Credit card payments will incur a 3% processing charge)

Ownership Style: ☐ Corporation ☐ Partnership ☐ Proprietorship

Full Name (List all owners) _____

Home Address: _____ Phone: _____

Social Security Number: _____

Business Started: _____ Current Owners Since: _____

Business Licenses Held:

State: _____ Class: _____ License #_____

Name Insured Under: _____
All blanks must be filled in completely for the opening of a CREDIT account.

We purchase from the following on account:

Supplier Name Mailing Address Email for Credit Reference

1._____

2. _____

3. _____

Bank References:

Bank Name: _____

Address: _____

Checking ☐ Savings ☐

Account Number: Checking_____ Savings_____

Credit Line: $_____

Agreement

I/WE AGREE TO PAY FOR ALL CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS:

I/WE REPRESENT, AS THE APPLICANT HEREIN, THAT ALL THE DEBTS ARE CURRENTLY BEING PAID IN THE NORMAL COURSE OF BUSINESS, AS THEY BECOME DUE, AND NO INSOLVENCY EXISTS AS DEFINED IN THE BANKRUPTCY REFORM ACT OF 1980, AND THAT ALL ORDERS WILL CEASE SHOULD THIS CONDITION AS TO INSOLVENCY BECOME INCORRECT.

IN THE EVENT OF DEFAULT OF ANY PAYMENT THAT MAY BECOME DUE, I/WE AGREE TO PAY INTEREST AT THE RATE OF 1-1/2% PER MONTH IN THE PRINCIPAL BALANCE OWING, FROM THE DATE OF SUCH DEFAULT. PURCHASES MUST BE PAID WITHIN 30 DAYS OF THE BILLING DATE.

IN THE EVENT SUIT IS FILED TO ENFORCE PAYMENT OF ALL SUMS DUE UNDER THIS AGREEMENT, I/WE AGREE TO PAY REASONABLE COURT COSTS AND ATTORNEY FEES. IN THE EVENT SUIT IS FILED TO ENFORCE PAYMENT, IT IS AGREED THE VENUE WILL BE IN THE COUNTY OF SACRAMENTO, STATE OF CALIFORNIA.

Date: _____ Applicate: _____

Signature (Must be signed to process):_____

Personal Guarantee for Corporate Debt

IN CONSIDERATION FOR CREDIT WHICH MAY BE GRANTED BY WESTERN PACIFIC DISTRIBUTORS, INC. TO THE ABOVE APPLICATE CORPORATION, I/WE THE UNDERSIGNED AGREE TO FURTHER AND WHOLLY GUARANTEE ANY PAYMENT BY _____ OR ITS AGENTS. I/WE AGREE TO THE TERMS LISTED IN THE ABOVE AGREEMENT. THE PERSONAL GUARANTEE FOR CORPORATE DEBT, MAY BE REVOKED BY THE UNDERSIGNED UPON 30 DAYS WRITTEN NOTICE TO WESTERN PACIFIC DISTRIBUTORS, INC. (CREDITOR) OF THE UNDERSIGNED'S INTENTION TO REVOKE SAID PERSONAL GUARANTEE. THE UNDERSIGNED SHALL REMAIN LIABLE FOR ANY CHARGES INCURRED WITH WESTERN PACIFIC DISTRIBUTORS, INC. (CREDITOR) PRIOR TO THE END OF THE SAID 30 DAY PERIOD.

ALL CORPORATE OFFICERS MUST SIGN:

Guarantor: _____ Date: _____

Guarantor: _____ Date: _____

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RESALE CARD

FIRM NAME_____

I HERE CERTIFY,
That I hold a valid seller's permit No._____
Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

---

That the tangible personal property described herein which I shall purchase from:

Will be resold by me in the form of tangible property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:_____

Dated:_____ 20_____ Signature_____

At _____ By and Title_____

Phone_____ Address_____

All blanks must be filled in completely.

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APPLICATION FOR COD ACCOUNT

DATE: _____

BUSINESS NAME: _____

CONTACT'S NAME_____

EMAIL ADDRESS_____

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MAILING ADDRESS: _____

CITY_____ STATE_____ ZIP_____

PHONE NUMBER: _____FAX NUMBER: _____

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)

PHYSICAL ADDRESS: _____

CITY_____ STATE_____ ZIP_____

BUSINESS INDUSTRY: _____

OWNERSHIP STYLE: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP

FULL NAME (LIST ALL OWNERS)_____

HOME ADDRESS:_____ PHONE #_____

SOCIAL SECURITY NUMBER _____

BUSINESS STARTED:_____ CURRENT OWNERS SINCE:_____

OTHER BUSINESS INTEREST OF OWNERS:
FIRM NAME:_____ ADDRESS:_____

BUSINESS LICENSES HELD:
STATE: _____ CLASS: _____ LICENSE#_____

NAME INSURED UNDER: _____

All blanks must be filled in completely for the opening of a COD account.

WESTERN PACIFIC

Product Line Card 2025

www.teamwpd.com

Ice Equipment

- Follett - Ice storage bins
- Howe - Ice flakers, refrigeration equipment
- Kloppenberg - Ice bins, ice transport
- Koolaire - Ice makers & bins
- Manitowoc Ice - Ice makers, dispensers & bins
- MGR - Ice storage bins
- Polar Temp - Ice merchandisers
- Vogt - Tube ice makers

Beverage Systems

- Accuflex - Beverage hose, tubing, cables
- Crysalli Beverage Systems - Beverage systems equipment
- Fittings Inc - SS beverage fittings & cold plates
- Franke - Coffee equipment
- International Carbonic, Inc. - Fountain/beer/liquor equip
- John Guest - Push to fit tubing connections
- Lacrosse - Storage, serving units
- Multiplex - Beer/soda dispensing equipment
- Nuova Simonelli - Espresso equipment
- Shurflo - Water pumps and fluid handling equipment systems
- TOF USA - Pressure regulators and parts

Water Filtration

- Everpure - Foodservice water filtration
- Biozone - Ice bacteria prevention
- Optipure - Foodservice water filtration
- ClearWater Tech - Ozone equip

Refrigeration Products

- Beverage-Air - Refrigeration equipment
- FlexRoller - Gravity feed shelf roller system
- RDI - Walk-in refrigeration, condensers & evaporators
- WesPac - Walk ins

Cooking Products

- Henny Penny* - Frying, holding, roasting
- Dormont - Gas lines
- Midea - Commercial microwaves

Additional Products

- Bromic Heating - Indoor, outdoor heating
- Nilma - Produce washers & dryers

Genuine OEM Replacement Parts

You should only accept and use genuine OEM replacement parts when servicing equipment. WPD stocks OEM parts for the brands listed above.

* Not all brands are available in every territory, call for availability in your area. If you need specification sheets, complete catalogs or any information on the above products, please contact any WPD office or visit us on the web - www.teamwpd.com

WPD Locations and Sales Team

Cerritos, CA	Fresno, CA	Hayward, CA	Las Vegas, NV	Sacramento, CA	Sparks, NV	San Diego, CA	Hawaii
(562) 926-7400	(559) 266-9505	(510) 732-0100	(702) 252-8664	(916) 373-1423	(775) 355-0800	(619) 732-0100	(808) 501-0100

Julius Allen
Santa Rosa, Stanislaus, San Joaquin, San Francisco
julius@teamwpd.com
(916) 417-9351

Rex Gentry
South Bay Area, San Jose, Oakland
rex@teamwpd.com
(510) 773-9514

Mike Palm
Special accounts
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(510) 719-6262

Nigil Throop
Sacramento, Placer, El Dorado Counties, Northern NV
nigil@teamwpd.com
(510) 593-3829

Tim Kelly
Walk-In Specialist
tim.kelly@teamwpd.com
(818) 813-4274

Marc Speth
Los Angeles, Ventura & Santa Barbara Counties
marc@teamwpd.com
(562) 746-8545

Jay Linker
Orange, Riverside & San Bernardino Counties
jay.linker@teamwpd.com
(562) 824-3088

Scotie Pairish
Central Valley (Bakersfield to Merced) & Central Coast (Santa Maria to Monterey)
pairish.scotie@teamwpd.com
(559) 618-1033

Paul Swiskoski
Las Vegas Area
paul@teamwpd.com
(702) 580-8664

Jeff Mayo
San Diego & Imperial Counties
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(619) 983-8962

Allyson Asam
Hawaii
allyson.asam@teamwpd.com
(808) 897-0977