



Account Application

Business Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date Business Established: _____ Federal ID #: _____

Sales Tax Exemption #: _____ (attach copy of certificate)

<u>Taxing Jurisdictions</u>		
State: _____	County: _____	City: _____

Classification:	
<input type="radio"/>	Corporation
<input type="radio"/>	Partnership
<input type="radio"/>	LLC
<input type="radio"/>	Proprietorship
<input type="radio"/>	Government
If Incorporated:	
Date of INC	_____
State of INC	_____

Type of Account

- Cash/Card(CC 2.8% Fee)
 COD(Cash, Check, CC 2.8% Fee)
 Open Account(Net Due 10th)

Principal Owners, Officers and Partners			
Owner/Partner #1		Owner/Partner #2	
Name:		Name:	
Title:		Title:	
Address:		Address:	
City:		City:	
ST:		ST:	
ZIP:		ZIP:	
Phone#:		Phone#:	
SSN:		SSN:	
DOB:		DOB:	
DL#:		DL#:	

Non-Tire Commercial Trade Reference			
Trade Reference #1 (Parts, Supplies, ETC.)		Trade Reference #2 (Other)	
Name:		Name:	
Address:		Address:	
City:		City:	
ST:		ST:	
ZIP:		ZIP:	
Phone#:		Phone#:	
Acct#:		Acct#:	

Authorized Buyers(Printed) _____

Authorized Buyers(Signatures) _____

(Bank Release Authorization required for COD & Open Accounts) (Credit Agreement required for all Open Accounts)
 (SSN or Copy of DL required for all account types) (Taxable Accounts must complete applicable Taxing Jurisdiction)

ALL INFORMATION CONFIDENTIAL