



TIRE DISTRIBUTORS WAREHOUSE



PHONE: 800-762-7338

FAX: 731-784-2514

Name/Address

Business Name:		Title	
Full Legal name:		DBA(s)	
Billing Address:		How Long at Current Address:	
City:	State:	Zip:	Phone:
Shipping/Physical Address:			

Company Information

Principle Industry:		Date established:	
Structured as :			
Please circle: SCorp / CCorp / LLP / LLC /Proprietorship / Other		SSN	(proprietors)
If Division/Subsidiary, Name of Parent Company		City:	State:
Principals and/or Officers :			
Name:		Name:	
Title:		Title:	
Accounts Payable Contact:			
Phone:	Fax:	Email:	Web site:
Credit Line Requested:			

Bank References

Institution Name:	Institution Name:	Institution Name:
Address:	Address:	Address:
Checking Account #:	Savings Account #:	Loan amount:
Phone:	Fax:	Phone:
	Fax:	Fax:

Trade References – Please provide vendors with at least two years of recent payment experiences

Company:	Company:	Company:
Acct #:	Acct #:	Acct #:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Terms:	Credit Limit:
	Terms:	
Current Balance:	Current Balance:	Current Balance:

information contained herein is strictly confidential. All orders are subject to credit approval and the standard terms of Net 10th will apply. Applicant agrees to pay late fees at a rate of 2% per month on any past due debt. Applicant agrees to these terms and conditions and in the event of default or nonpayment of any debt agrees to pay all legal costs should those steps become necessary to secure settlement of the same.

Name & Title

Date

Authorized Signature