



ATTN: _____

ACCOUNT APPLICATION

1668 SANDS PLACE SE — MARIETTA, GA 30067
ACCOUNTING@TORQUEWHEELS.COM

PHONE: (833) 869 - 1441
FAX: ACCOUNTING-(770) 955 - 8646 OR SALES: (678) 540 - 6879

YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- * Business License
- * Copy of Sales & Use Tax Certificate
- * Credit Card Acct - Fax your CC Auth Form - Available Online

WE DO NOT SELL TO HOME BASED BUSINESSES

TYPE OF ACCOUNT: (PLEASE CHECK ALL THAT APPLY) COD-

- CASH ONLY [COMPLETE SECTIONS 1 - 3]
- COMPANY CREDIT CARD [COMPLETE SECTIONS 1 - 3]
- COD-COMPANY CHECK [COMPLETE SECTIONS 1 - 5]
- NET 30 - 15 PROX. [COMPLETE SECTIONS 1 - 5]

CREDIT LIMIT REQUESTED: \$ _____

APPLICATIONS TAKE 5 TO 10 BUSINESS DAYS TO PROCESS

1. Company Information

(Required for all accounts)

- Please Print or Type -

DATE: _____

LEGAL NAME OF FIRM: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

COMPANY TYPE: CORPORATION LLC PARTNERSHIP SOLE PROPRIETOR

YEARS IN BUSINESS: _____

IF INCORPORATED, STATE & DATE OF INCORPORATION: _____

FEDERAL ID #: _____ **SALES & USE TAX #:** _____

GEORGIA STATE SCRAP TIRE ID#: _____

Per Georgia State Law: If your number is not on file, an additional \$1.00 will be added to each tire purchase.

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2. Billing Information

(Required for all accounts)

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNTS PAYABLE CONTACT NAME: _____

PHONE: _____ **FAX:** _____

ACCOUNTS PAYABLE EMAIL ADDRESS: _____

PURCHASE ORDER REQUIRED? YES / NO

3. Signature

MUST BE SIGNED BY AN OWNER, PARTNER, PRINCIPAL OFFICER OR DESIGNATED SIGNEE

If you are attaching your own company application form, it must also be signed for collection agreement.

I am authorized to complete this application and certify the above information is true and complete to the best of my knowledge. I authorize our bank and vendors to release information needed for the purpose of establishing credit worthiness. It is agreed that if credit is granted, the method of payment will be met according to the terms on the invoices. If payment is not made and our account is referred for collection, I promise to pay all collection costs, attorneys fees and court costs if necessary, to collect any unpaid bills, and I agree to pay a finance charge of one and one-half percent (1½%) per month on past due monies.

NAME: _____ **TITLE:** _____ **D.O.B:** _____

DRIVER'S LICENSE NUMBER: _____ **STATE ISSUED:** _____

TODAY'S DATE: _____

SIGNATURE: _____



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4. References

(Required for COD - Company Check and Net 30 Accounts)

TRADE REFERENCES

NAME: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____

NAME: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____

NAME: _____ CITY: _____ STATE: _____

PHONE: _____ FAX: _____

BANK REFERENCES

NAME: _____ BRANCH: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ACCOUNT #: _____ DATE OPENED: _____

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5. Authorization For Release of Supplier Information

(Required for COD - Company Check and Net 30 Accounts)

DATE: _____

I, _____

DOING BUSINESS AS: _____

AUTHORIZE MY TRADE REFERENCES LISTED TO FURNISH CREDIT INFORMATION TO

TORQUE WHEELS IN MARIETTA, GEORGIA FOR THE PURPOSE OF OPENING A CHARGE

ACCOUNT WITH THEIR COMPANY.

THANK YOU,

SIGNATURE: _____

PRINTED NAME: _____