Please Fax Completed Application to:
303-942-9399

7240 S. Fraser Street, Suite A
Centennial, CO 80112
Phone: (720) 323-0208 / Fax: (303) 942-9399

Accounting Contact
Name:_____
Phone:_____
Email:_____

Distributor Credit Application

We are providing the following information for your consideration in approving open account terms and hereby authorize **WWW.TIRESOCKS.COM** to make confidential trade inquires to verify our credit worthiness.

_____ ( ) _____ ( ) _____
Company Legal Name *Telephone* *Fax Number*

Physical Address *City* *State* *Zip*

Billing Address *City* *State* *Zip*

Annual Sales *In Business Since* *Number of Employees*

Description of Business

BUSINESS STRUCTURE: _____ ***Corporation*** _____ ***Partnership*** _____ ***Sole Proprietorship***

Federal Tax ID # _____ *(if Incorporated)* ***or Principal's Social Security #*** _____

CORPORATION: _____ ***State of Corporation*** _____ ***Date of Incorporation***

President *Vice President*

Secretary *Treasurer*

PARTNERSHIP: _____ ***General*** _____ ***Limited***

Partner's Name & Address *Social Security Number* ( ): *Home Phone Number*

Partner's Name & Address *Social Security Number* ( ): *Home Phone Number*

SOLE PROPRIETORSHIP:

Proprietor's Full Name ( ) *Home Phone Number*

Home Address *City* *State* *ZIP*

BANK REFERENCE:

Bank Name *Contact* ( ) *Phone Number*

Address *Account Number*

TRADE REFERENCES:

1. *Firm Name and Address* *Telephone #* *Contact Name*
2. *Firm Name and Address* *Telephone #* *Contact Name*
3. *Firm Name and Address* *Telephone #* *Contact Name*

I hereby certify that the above information is correct. I understand that credit may only be extended based upon these representations and agree that any such credit extended shall be paid according to the terms and conditions of sale by **WWW.TIRESOCKS.COM**

_____ _____ _____
SIGNATURE *PRINTED NAME AND TITLE* *DATE*