Please Fax Completed Application to:
303-942-9399

TIRESOCKS, INC.
SURFACE PROTECTION AND SAFETY PRODUCTS FOR INTERIOR CONSTRUCTION
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*