

Please Fax Completed
Application to:
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