

Please Fax Completed
Application to:
303-942-9399



15131 E. Fremont Drive, Suite 101
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