

Please send completed application along with your **W-9, Resale license, and an email address for invoices** to:
info@tiresocks.com or
 Fax to: **303-942-9399**



8640 S. Peoria St., Suite 200, Englewood, CO 80112
 Phone: (720) 323-0208 / Fax: (303) 942-9399

Accounting Contact

Please complete all fields.
 Missing information will cause delays in approval.

Name: _____
 Phone: _____
 Email: _____

Credit Application

We are providing the following information for your consideration in approving open account terms and hereby authorize TireSocks, Inc. to make confidential trade inquires to verify our credit worthiness.

COMPANY INFORMATION:

Company Legal Name		Telephone	Fax Number	
Physical Address		City	State	Zip
Billing Address		City	State	Zip
Annual Sales	In Business Since	Number of Employees	Company Website	
Description of Business				

BUSINESS STRUCTURE:

Corporation Partnership/LLC Sole Proprietorship

Federal Tax ID # _____ Principal's Social Security # (Sole Proprietorship) _____ Tax Exempt Number _____

CORPORATION: State of Incorporation _____ Date of Incorporation _____

Name of Officer, Principal, Partner, or Owner _____ Social Security Number _____ Best Daytime Phone Number _____

Additional Name of Officer, Principal, Partner, or Owner _____ Social Security Number _____ Best Daytime Phone Number _____

PARTNERSHIP:

Partner's Name & Address _____ Social Security Number _____ Best Daytime Phone Number _____

Partner's Name & Address _____ Social Security Number _____ Best Daytime Phone Number _____

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 **TireSocks, Inc.**

SIGNATURE _____ PRINTED NAME AND TITLE _____ DATE _____



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Distributor Credit Application - Terms and Conditions

- Payment terms – Net 30 Days for approved customers.
- Customer must provide a copy of their Sales Tax Exemption Certificate
- 30 day delinquent account balances may cause an account to be placed on a credit hold and will require payment at time of order.
- TireSocks, Inc. reserves the right to refuse shipment of orders to any account with a past due balance.
- Custom products are non-returnable & non-refundable.
- Stock items may be returned in original packaging within one year from invoice date.
- All returns are subject to a 25% restocking fee. Credits are issued upon receipt of returned items.
- Terms and Conditions subject to change.