

Location # \_\_\_\_\_  
Salesman # \_\_\_\_\_  
Price \_\_\_\_\_

## Credit Customer Application



361 Armory Road  
Clarksburg, WV 26301-9107  
Phone 304.624.8465 Fax 304.624.8460

### PLEASE COMPLETE ALL SECTIONS

**Enclose a copy of your business license, tax certificate and drivers license.**

Date: \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

FEIN #: \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_

Shipping Address \_\_\_\_\_ Billing Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Accts. Payable Contact \_\_\_\_\_

Business Fax # \_\_\_\_\_ Business Start Date \_\_\_\_\_

Purchase Order Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Authorized Buyer \_\_\_\_\_

Taxable: Yes \_\_\_\_\_ No \_\_\_\_\_ (If non-taxable, tax exemption form must be completed and attached)

Managers Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like your statements emailed? Yes \_\_\_\_\_ No \_\_\_\_\_

### TERMS AND CONDITIONS

In the event Wholesale Tire, Inc. accepts this application and credit is extended, the applicant agrees to the following: Applicant agrees to make payment of all invoices by the 10<sup>th</sup> of each month, unless otherwise stated on the face of the invoice and on any outstanding balances. In the event of a default of timely payment, the applicant agrees to pay the outstanding principal balance plus accrued finance charges and expenses on demand as follows:

- A) To pay finance charges on any unpaid balance not paid within the time provided at the rate of 2% per month.

B) In the event of default in the acceptance of goods or services ordered or in the payment for goods or services received, to pay all costs and expenses, including reasonable attorney costs incurred in remedying the default or the enforcement of any rights possessed by seller.

**Owners, partners, officers of the corporation or LLC must sign below.**

Date:\_\_\_\_\_ Signature:\_\_\_\_\_ Print Name:\_\_\_\_\_

Date:\_\_\_\_\_ Signature:\_\_\_\_\_ Print Name:\_\_\_\_\_

**Bank Information**

Bank Name\_\_\_\_\_ Branch\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Representative:\_\_\_\_\_ Fax:\_\_\_\_\_

Checking Account #:\_\_\_\_\_ Loan Account #:\_\_\_\_\_

**Owner's Information**

Sole proprietorship and LLC please list owner's name, address, phone #, Social Security # and birth date.

If partnership list all partners, addresses, phone numbers and birth dates.

If corporation list all of the officers with titles, addresses and phone numbers.

NAME	POSITION	ADDRESS	PHONE	SS #	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Trade References (Four Required)**

\*\*\*\* ADVANCE AUTO PARTS – AUTO ZONE AND BUMPER TO BUMPER DO NOT PROVIDE CREDIT REFERENCES \*\*\*\*

Company	Address	Phone and Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Authorization for Trade, Bank and Consumer Credit Check**

I authorize Wholesale Tire, Inc. to request information to check my credit, bank or trade references.

Signature\_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

## Personal Guarantee

**The undersigned represents and warrants that the undersigned personally has the specific legal authority to bind the company (corporation, LLC, partnership) to each and every legal and financial obligation and guarantee in this document stated and undertaken.**

(Here in after referred to as the "company") we the undersigned, absolutely and unconditionally personally guarantee the full and punctual payment of any obligation of the company and we hereby bind ourselves to pay you on demand any sum, including all costs of collection and reasonable attorney's fees, which may become due you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. We do hereby waive notice of demand, protest or default and consent to any modification or renewal of the credit agreement hereby guaranteed. This guaranty shall be binding on guarantor's heirs, personal representatives, successors and assigns and shall insure to the benefit of seller, its successors and assigns.

Date \_\_\_\_\_

Witness  
Signature

Owner  
Signature (Must be signed by an owner)

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Witness  
Signature

Owner  
Signature

\_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

**MUST HAVE A WITNESS TO SIGN**

**\*\*Driver's License\*\***

**Please enclose a copy of your driver's license to verify your signature. This protects your company as well as ours. Please make sure the copy is readable and picture is clear and visible.**

## Credit Policy for Wholesale and Commercial Accounts

- 1) Our credit terms are: **Net 1<sup>st</sup> 10<sup>th</sup>**
- 2) Payments received after the **15<sup>th</sup> of the month** will incur finance charges of **2% per month**.
- 3) All accounts **60 days** past due or longer will automatically be made to pay cash for their purchases until their account is current.
- 4) All accounts **90 days** past due must agree to and adhere to a payment plan to make their account current. If they do not agree to and adhere to this plan, their past due amount will be processed for collection.
- 5) All accounts that are **120 days** past due or more will automatically have their outstanding debt processed for collection.
- 6) The maximum amount allowed will be added to all returned checks. Two or more checks returned in a six month period will result in customers paying by cash or cashier's check.
- 7) Any account that purchases up to their credit limit must make a reducer payment to continue to buy on credit or undergo a new credit analysis to consider a new credit limit.
- 8) Customers who do not purchase any product from us for two years will automatically become inactive in our computer system. For a customer to become an active account again, they must complete a new credit application. They can purchase product by paying cash until our credit analysis is complete.
- 9) All returns must be authorized by Wholesale Tire, Inc. Items returned 30 days or later from purchase date are subject to a restocking fee. Returns will be credited against customer's account. No cash refunds will be paid for returned items. Customer's account will be credited and monies due can be applied to future purchases.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the Multi-state Supplemental form.  
  If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2.  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

**3. Please print**

Name of purchaser \_\_\_\_\_

Business Address	City	State	Zip Code
Purchaser's Tax ID Number	State of Issue	Country of Issue	

If no Tax ID Number | FEIN | Driver's License Number/State Issued ID Number | Foreign diplomat number  
 Enter one of the following: | | | |  
 \_\_\_\_\_ | \_\_\_\_\_ | State of Issue: Number | \_\_\_\_\_

Name of seller from whom you are purchasing, leasing or renting

**WHOLESALE TIRE INC**

Seller's address	City	State	Zip code
<b>361 ARMORY RD</b>	<b>CLARKSBURG</b>	<b>WV</b>	<b>26301</b>

**4. Type of business.** Circle the number that describes your business

- |  |  |
|--|--|
| <b>01</b> Accommodation and food services            | <b>11</b> Transportation and warehousing     |
| <b>02</b> Agricultural, forestry, fishing, hunting   | <b>12</b> Utilities                          |
| <b>03</b> Construction                               | <b>13</b> Wholesale trade                    |
| <b>04</b> Finance and insurance                      | <b>14</b> Business services                  |
| <b>05</b> Information, publishing and communications | <b>15</b> Professional services              |
| <b>06</b> Manufacturing                              | <b>16</b> Education and health-care services |
| <b>07</b> Mining                                     | <b>17</b> Nonprofit organization             |
| <b>08</b> Real estate                                | <b>18</b> Government                         |
| <b>09</b> Rental and leasing                         | <b>19</b> Not a business                     |
| <b>10</b> Retail trade                               | <b>20</b> Other ( <i>explain</i> ) _____     |

**5. Reason for exemption.** Circle the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <b>A</b> Federal government ( <i>department</i> ) _____  | <b>H</b> Agricultural production # _____             |
| <b>B</b> State or local government ( <i>name</i> ) _____ | <b>I</b> Industrial production/manufacturing # _____ |
| <b>C</b> Tribal government ( <i>name</i> ) _____         | <b>J</b> Direct pay permit # _____                   |
| <b>D</b> Foreign diplomat # _____                        | <b>K</b> Direct mail # _____                         |
| <b>E</b> Charitable organization # _____                 | <b>L</b> Other ( <i>explain</i> ) _____              |
| <b>F</b> Religious or educational organization # _____   |  |
| <b>G</b> Resale # _____                                  |  |

**6. Sign here.** *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser	Print Name Here	Title	Date
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# Certificate of Exemption

**Multi-state**

## Supplemental

Name of Purchaser

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STATE	Reason for Exemption	Identification Number (If Required)
AR	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
OK	_____	_____
RI	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.*