

Attn: _____

ATLANTA WHEELS AND ACCESSORIES ACCOUNT APPLICATION

1668 Sands Place SE — Marietta, GA 3006
accounting@atlantawheels.net

Phone: (800) 453 - 6247
Fax: Accounting- (866) 273 - 4550 or Sales-(770) 955 - 8544

You must include the following with your application:
* Business License
* Copy of Sales & Use Tax Certificate
* Company must be listed w/ directory assistance
WE DO NOT SELL TO HOME BASED BUSINESSES

- Type of Account: (Please Check All That Apply)
- COD-Cash Only [Complete Sections 1 - 3]
 - Company Credit Card [Complete Sections 1 - 3 & 6]
 - COD-Company Check [Complete Sections 1 - 5]
 - Net 30 - 15 Prox. [Complete Sections 1 - 5]

Credit Limit Requested: \$ _____

Applications take 5 to 10 Business Days to Process!

1. Company Information

(Required for all accounts)

- Please Print or Type -

Date: _____

Legal Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Company Type: Corporation Partnership Sole Proprietor

Years in Business: _____

If Incorporated, State & Date of Incorporation: _____

Federal ID #: _____ Sales & Use Tax #: _____

Georgia State Scrap Tire ID#: _____

Per Georgia State Law: If your number is not on file, an additional \$1.00 will be added to each tire purchase.

NO EXCEPTIONS!

Attn: _____



ATLANTA WHEELS AND ACCESSORIES ACCOUNT APPLICATION

2. Billing Information

(Required for all accounts)

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Accounts Payable Contact Name: _____

Phone: _____ **Fax:** _____

Accounts Payable Email Address: _____

Purchase Order Required? YES / NO

3. Signature

MUST BE SIGNED BY AN OWNER, PARTNER, PRINCIPAL OFFICER OR DESIGNATED SIGNEE

If you are attaching your own company application form, it must also be signed for collection agreement.

I am authorized to complete this application and certify the above information is true and complete to the best of my knowledge. I authorize our bank and vendors to release information needed for the purpose of establishing credit worthiness. It is agreed that if credit is granted, the method of payment will be met according to the terms on the invoices. If payment is not made and our account is referred for collection, I promise to pay all collection costs, attorneys fees and court costs if necessary, to collect any unpaid bills, and I agree to pay a finance charge of one and one-half percent (1½%) per month on past due monies.

Name: _____ **Title:** _____ **D.O.B:** _____

Driver's License Number: _____ **State Issued:** _____

Today's Date: _____

Signature: _____

ACCOUNT APPLICATION

4. References

(Required for COD - Company Check and Net 30 Accounts)

Trade References

Name: _____ City: _____ State: _____

Phone: _____ Fax: _____

Name: _____ City: _____ State: _____

Phone: _____ Fax: _____

Name: _____ City: _____ State: _____

Phone: _____ Fax: _____

Bank References

Name: _____ Branch: _____

Address: _____

Phone: _____ Fax: _____

Account #: _____ Date Opened: _____

Attn: _____

 **ATLANTA WHEELS AND ACCESSORIES ACCOUNT APPLICATION**

1668 Sands Place SE — Marietta, GA 3006

Phone: (800) 453 - 6247

accounting@atlantawheels.net

Fax: (866) 273 - 4550

5. Authorization For Release of Supplier Information

(Required for COD - Company Check and Net 30 Accounts)

Date: _____

I, _____

Doing business as: _____

Authorize my Trade References listed to furnish credit information to Atlanta Wheels and Accessories in Marietta, Georgia for the purpose of opening a charge account with their company.

Thank you,

Signature: _____

Printed Name: _____

Attn: _____


ATLANTA WHEELS
AND ACCESSORIES
1668 Sands Place SE — Marietta, GA 30067
Phone: (770) 955 - 8535 or (800) 453 - 6247
Fax: (866) 273 - 4550 (Accounting)
accounting@atlantawheels.net

6. Credit Card Authorization

(Please Print or Type)

I hereby authorize the use of the credit card identified below for telephone purchases.
I request that my signature and information be kept on file as purchasing authorization.

Company Name

Name on Card

Signature

Billing Address

Shipping Address

Primary Phone Number

Fax Number

Credit Card Type

Credit Card Number

Expiration Date

Security Code

Driver's License Number

Date of Birth

By checking this box, I authorize a one time use of my card.

Do not check this box if you wish to make multiple purchases using this card.

Please fax this sheet along with a copy of your driver's license and a copy of your credit card to 866-273-4550. Or email them to accounting@atlantawheels.net

Credit card authorization sheets submitted without a copy of your driver's license and credit card WILL NOT be processed. NO EXCEPTIONS!