

Attn: \_\_\_\_\_

# ATLANTA WHEELS AND ACCESSORIES ACCOUNT APPLICATION

1668 Sands Place SE — Marietta, GA 30067  
accounting@atlantawheels.com

Phone: (800) 453 - 6247  
Fax: Accounting- (770) 955 - 8646 or Sales-(770) 955 - 8544

**You must include the following with your application:**  
\* Business License  
\* Copy of Sales & Use Tax Certificate  
\* Credit Card Acct - Fax your CC Auth Form - Available Online  
**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]
  - 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.

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## **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: \_\_\_\_\_

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## **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:** \_\_\_\_\_