

CREDIT APPLICATION

Application Inform	<u>ation</u> Date:		Store #:		
Company Name:		Sa	alesman #:		
Mailing Address:		County:	County:		
City, State, Zip:		Phone Num	Phone Number:		
E-Mail Address:		Fax Numbe	Fax Number:		
Federal ID #:		State ID #:	State ID #:		
Is your purchase	e tax exempt? ***If yes, must attach	sales tax exemption for	orm***		
Do	you require Purchase Order Numbe	ers?:			
	Accounts Pa	<u>yable</u>			
Contact:		Fax ()			
Credit Line Requested:	\$	Phone ()			
If credit limit requesting	g is over \$5,000.00 a Personal Guar	antee and Owner Infor	mation must be filled out*		
*	* MUST HAVE OWNER IN	FO TO PROCESS	**		
Name:	Address:		SS#:		
Signature:		Date:			
Name:	Address:		SS#:		
Signature:	Date:				
***********	**************************************	***********	*************		
	** Bank Refere	nce**			
Name:	Address:	Pho	Phone#:		
	** Credit Refere	nces**			
Name	Address		Phone#		

Please list how you would like invoices sent to you for payment, either by fax or email:
Please be advised that all purchases are due on the <u>tenth of the month</u> following purchase. A servinchase of 1.5 % per month will be added to past due balances. Please be advised that any account that is not paid by the 20 th will be considered delinquent and volume be placed on a cash only basis.
give permission to BTS Tire & Wheel to obtain credit information from the above references or fo a credit bureau.
Printed Name:
Signature:
Title:
Date:
Remit To: BTS Tire & Wheel 1714 University Commerical Park Charlotte, NC 28213 Fax# 704-596-1508
For Office Use Only:
Checked by: Date: Point of the control
Credit Limit \$ Remarks: