



(704) 878-9357 Local

(704) 878-9226 Fax

Statesville Warehouse

**New Cash Account Information**

FULL BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

SALES TAX NUMBER: \_\_\_\_\_

FEDERAL ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

I ACKNOWLEDGE BY SIGNING THIS CASH ACCOUNT APPLICATION THAT I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME OF SERVICE/DELIVERY. IN ORDER TO ASSIGN THIS ACCOUNT WE MUST HAVE OWNER'S SIGNATURE.

OWNER'S SIGNATURE: \_\_\_\_\_

**\*\*IN ORDER FOR US TO INPUT SALES TAX NUMBER WE MUST HAVE THE STATE TAX EXEMPTION FORM FILED OUT AND SIGNED\*\***

**OFFICE TO FILL OUT ITEMS BELOW**

XX

SHIP ZONE \_\_\_\_\_

SALES TAX ON FILE (Y) OR (N)

SALESMAN \_\_\_\_\_

If yes, tax form must be attached

CUSTOMER CONTACT BY \_\_\_\_\_

DATE \_\_\_\_\_

WEB SITE USERNAME: \_\_\_\_\_

PASSWORD \_\_\_\_\_

GOODYEAR ASSOCIATE NUMBER: \_\_\_\_\_