

DLS Tire Centers, Inc

Where Customer Service is Priority #1

Commercial Cash Account Application

(Non-Credit Account)

Business Information

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Year Business Opened: _____

Phone: _____ Fax: _____ Email: _____

Federal ID# or SS#: _____ Tax Exempt Y/N ____ (If yes, please provide Tax Exempt Certificate)

Principals Name: _____ Title: _____

Contact Person: _____ Title: _____

Would you like copies of your invoices automatically sent to your email address once completed in the store? Y/N _____

Internal Use Only:

Account Salesman # _____

Credit Card on File Y/N _____ Credit Card # _____

*Only fill out credit card number after faxing application to Home Office

**7150 Kaw Drive
Kansas City, KS 66111
Ph. (913) 295-9697 – Fax (913) 295-9696**