

Application for Credit

Business Information

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ County: _____

Type of Business: _____ Year Business Opened: _____

Federal ID# or SS#: _____ Dun & Bradstreet #: _____

Principals Name: _____ Title: _____

Contact Person: _____ Title: _____

Email Address: _____

Would you like invoices sent to your email address? Y/N: _____ Purchase Order required? Y/N: _____

Tax Exempt? Y/N: _____ (If yes, please provide a copy of your tax exempt certificate or a completed MO Exempt Form 149)

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Account Opened: _____

Trade References *(Please use only local business for references such as local hardware stores, supply companies, etc... Please do not list large corporations, hospitals, or utility/phone companies)*

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Signature: _____ Title: _____

Please print your name: _____ Date: _____

Internal use: Salesman# _____ Credit Limit: _____

400 SE Fleetway Dr., Lee's Summit, MO 64081

(816) 347-1973 – Fax (816) 347-1979

email to: cameron@dlstirecenters.com

Remit Payments to:

DLS Tire Centers, Inc.

50 Saint Mark Road

Taylors, SC 29687