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BUSINESS APPLICATION

Thank you for giving us the opportunity to service you. In order for us to establish your account, Please fill out the application. Once you have completed the form please return it via fax or mail to our office with a copy of your **BUSINESS LICENSE**. No accounts will be established without these forms on file.

Company Information:

Name of Company: _____ Manager: _____

Name of Corporation or Partnership: _____

Company Address: _____

Phone Number: _____ Fax Number: _____

Second Phone Number: _____ State Sales & Use Tax Number: _____

Company Website: _____ Email: _____

Type of Business: _____ Business Hours: _____

Bill To Address: _____

Ship To Address: _____

Authorized Personnel to Purchase: _____ Annual Sales: _____

What is the Percentage of Sales? Retail: _____ Mail Order: _____ Car Dealer: _____ Wholesale: _____

Do you advertise, If yes, How? _____

Preferred Payment Terms:

Prepaid: Cashier's Check: C.O.D. : Western Union: Visa /Master Card: Open Account:

Would you like to receive specials (Mail or Email) From Sinister Wheel? Yes: No:

Ownership Information:

Please Specify: Single Proprietorship: _____ Corporation: _____ Partnership/LLC (Specify Type) _____

Office's Name: _____ Title: _____

Home Address: _____

Driver's License: _____ Home Phone: _____

Officer's Name: _____ Title: _____

Home Address: _____

Driver's License: _____ Home Phone: _____

Officer's Name: _____ Title: _____

Home Address: _____

Driver's License: _____ Home Phone: _____

Sinister Wheel is pleased to serve your company's wheel needs, and Thanks you for all your future business. A long and prosperous business relationship is our goal.

