

New Customer Info _____ / Credit App. _____ Check Accept. Form

1128 Bradford cir. Corona,Ca General Information	92882 Fax: (951) 739-9183	Phone: (951) 739-76 Bank Reference	600 sales	sman		
Name of Business		Name of Bank and Branch				
_egal Name of Business		Bank Address				
Billing Address (Street and P.O. Box)		Bank Phone	Contact			
ocation (City, State and Zip Code)	Account Number	Type of Account				
Phone Number	Fax Number	Line of Credit Desired				
)	()	\$				
Years in Business	E-Mail Address	Resale #	Date Established			
Name of Contact for Accounts Payab	ble	Type of Business			# of Employees	
,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,,,,,,,	
Business Location Addresses (use e	extra paper if needed) Zip	Business is:				
,	Sole Proprietorship SSN#					
	Partnership L.L.C. # of Partners					
		CADL #	CADL #			
		Corporation, Inco	orporated in State of _			
Monthly Tire Sales Volume	Taxpayer I.D. Number					
Гоtal \$ Т	Other (define)					
i otai \$ i	otal Q11.	Other (define)				
Wholesale % Commer						
Name of Owner #1	Social Security #	Name of Owner #2		S	Social Security #	
Owner Home Address	Owner Home Address Zip					
Home Phone	Home Phone Drivers License Number					
)		()				
Supplier Name	Address	City / ST	Zip Phone)	High Credit	
ı						
)						
•						
3						
- HAVE YOU EVER DECLARED BANKI	I RUPTCY OR HAD ANY JUDGMENTS OR GAF	 RNISHMENTS AGAINST Y	OU? YES NO			
f so, please explain:						
	FREEDOM TIRE DIST. BEFORE? YES	NO				
f so, When & Which Company?						
Do You Rent or Own Premises	Years on Premises	LandLord / Mortgage Owner Information				
Rent Own		Contact Name:				
Montagono Holden / Leadhan Al		Address:				
Mortgage Holder / Landlords Na	ame.	Cell & Home #:				

(Use Extra Paper if Needed)

If applicant is extended a credit line, applicant understands that the terms of all charge transactions are due on the 10th of the following month, with a cut off of the 25th. All transactions after the 25th will be due with the following months transactions. If payment has not been received by the 25th of the month, or you are over your credit limit, you will be asked for payment before any additional charges can be made to your account. Should any invoice remain unpaid at the end of the month due, a 1.5% service charge will be applied and your account will be subject to being placed on C.O.D. only basis.

In consideration of Freedom Tire Dist. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee to Freedom Tire Dist. all sums of money as may at any time hereafter become due to Freedom Tire Dist. from said applicant for goods sold to the applicant. In any action to collect applicant's debt, the undersigned agrees that the prevailing party shall be entitled to its attorney's fees and court costs.

REFERENCES

I authorize FTD to obtain such information as you may require concerning the statements made in this application and agree that the application shall remain the property, whether credit is granted or not, of Freedom Tire. I also understand that Freedom Tire Dist. may contact credit reporting agencies, bank references, trade references and any other listed source to verify said information.

I authorize and request my listed credit references to reply to credit inquiries from Freedom Tire Dist.

Print Name	Signature		Title	Date
	RESALE T	TAX CERTIFICAT	ΓE	
Firm Name:		Address:		
Dity:	ST:	Zip:	Phone: ()
HEREBY CERTIFY; Th	at I hold valid seller's pern	nit number		
	ales and Use Tax Law: Ti			
while holding i	property is used for any put t for sale in the regular cound and Use Tax Law to report a	urse of business, it is	understood that I ar	m required
property	y or other authorized amou	unt. Description of pr	roperty to be purchas	sed:
	TIRES AND AUT	TOMOTIVE ACCESS	SORIES	
Authorized Signature		Title	Dat	e
		Dist. Office Use Only Credit Limit Given		
	Authorized By:	Date: _		