

In order to process your account application we need the following:

- *Copy of Sales & Use Tax Certificate
 - *Company must be listed w/directory assistance
 - *Completed Account Application
- WE DO NOT SELL TO HOMEBASED BUSINESSES**



Type of Account (*Please check one*):

- COD-CASH ONLY
- COD-COMPANY CHECK
- OPEN (NET 10)
- COMPANY CREDIT CARD

Atlanta Wheels & Accessories

1668 Sands Place SE ★ Marietta, GA 30067

Phone: 770-955-8535 or 800-453-6247

Fax: 866-273-4550 (Accounting) or 770-955-8544 (Sales)

ACCOUNT APPLICATIONS TAKE 5 TO 10 BUSINESS DAYS TO PROCESS

Account Application

(Please Print or Type)

Date: _____

Legal Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address if different: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

No. of years in business: _____ Corp.: _____ Partnership: _____ Sole Prop: _____

If incorporated, State & Date of incorporation: _____

List of Owners	Social Security #	Drivers License # & State	D.O.B
_____	_____	_____	_____
_____	_____	_____	_____

Purchase Order # required (Please circle one): Yes or No

Federal Id #: _____ Sales & Use Tax #: _____

Georgia State Scrap Tire ID#: _____ (applicable to GA businesses only)

If your numbers is not on file an additional \$1.00 will be added to each tire purchases, per Georgia state law.

No Exceptions!

Names other than owners and/or partners who may place orders:

Amount of Credit Requested \$_____ *If amount exceeds \$10,000.00 attach a current financial statement

Trade References (Required for COD-Company Check and Open Accounts):

Name: _____ City: _____ State: _____

Phone #: _____ Fax: _____

Name: _____ City: _____ State: _____

Phone #: _____ Fax: _____

Name: _____ City: _____ State: _____

Phone #: _____ Fax: _____

Bank References (Required for COD-Company Check and Open Accounts):

Name: _____ Branch: _____

Address: _____

Phone #: _____ Fax: _____

Account #: _____ Date Opened: _____

Credit Card Accounts Only (ALL CREDIT CARD ARE SUBJECT TO A 3% PROCESSING FEE):

Please complete page 3 of the application.

I am authorized to complete this application and certify the above information is true and complete, to the best of my knowledge. I authorize our bank and vendors to release information needed for the purpose of establishing credit worthiness. It is agreed that if credit is granted, the method of payment will be met according to the terms on the invoices. If payment is not made and our account is referred for collection, I promise to pay all collection costs, attorneys fees and court costs if necessary, to collect any unpaid bills, and I agree to pay a finance charge of one and one-half percent (1½%) per month on past due monies.

MUST BE SIGNED BY OWNERS, PARTNERS, PRINCIPAL OFFICER OR DESIGNATED SIGNEE.

****All Signatures required for COD-Company Check/Credit Card & Open Accounts****

If you are attaching your own company application form, this must be signed for collection agreement.

Name: _____ Signature: _____ Title: _____ Date: _____

Name: _____ Signature: _____ Title: _____ Date: _____

Name: _____ Signature: _____ Title: _____ Date: _____



W H E E L S

1668 Sands Place SE

Marietta, GA 30067

770-955-8535 or 800-453-6247

Fax 866-273-4550

Credit Card Authorization

I hereby authorize the use of the credit card identified below for telephone purchases. I request that my signature and information be kept on file as purchasing authorization.

Company Name

Name on Card

Signature

Mailing Address

Primary Phone Number

Billing Address

Fax Number

Card Type

Card Number

Expiration Date

***Security Code**

Driver's License Number

Date of Birth

* For Visa, Mastercard and Discover, this is the 3-digit code on the back of the card. For American Express, the 4-digit code appears on the front of the card above the account number.

By checking this box I authorize a one time use of my card. Do not check this box if you wish to make multiple purchases using this card.

Please fax this sheet along with a copy of your driver's license and a copy of your credit card to 866-273-4550.

Credit card authorization sheets submitted without a copy of your driver's license and credit card WILL NOT be processed. NO EXCEPTIONS!