

Application For Associate Dealer Account

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| Credit Line Requested |
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|---|----------------------------|--|---|
| Customer Name | | Address | |
| County | | E-Mail Address | |
| City | State | Zip Code | Proprietorship Partnership Corporation |
| President/Owner Name | Vice President Name | Business Phone | |
| SSN# | SSN# | Business Fax | |
| Home Phone | Home Phone | Contact Person | |
| Treasurer Name | Controller Name | Federal ID# | |
| SSN# | SSN# | Number of Years in Business | |
| Home Phone | Home Phone | Number of Vehicles Owned | |
| Building: Owned: _____ Rented: _____ | | Mortgagee or Landlord: Name: _____ Address: _____ | |
| Name of Parent Company | | Subsidiary Division _____ | Will Parent Guarantee Purchase Contracts? Yes _____ No _____ |
| Bank Name - Checking | City/State | Phone | Contact |
| Account Number: | | | |
| Bank Name-Loans | City/State | Phone | Contact |
| Account Number: | | | |
| Trade Reference | City/State | Phone | Contact |
| Account Number: | | | |
| Trade Reference | City/State | Phone | Contact |
| Account Number: | | | |
| Trade Reference | City/State | Phone | Contact |
| Account Number: | | | |

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| Purchase Order Required Yes _____ No _____ | Persons Authorized To Issue Purchase Orders 1 | Sales Tax Number |
| | 2 | |

Authorization:

I hereby certify the information provided herein is true and correct to the best of my knowledge. I authorize a Free Service Tire Company, Inc. representative to contact any or all of the above banks or trade references to verify the correctness of the application. The undersigned individual who is either a principal of the credit applicant or a proprietorship of the credit applicant, recognizing his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in credit evaluation process.

Authorized Company

Signature: _____

Title: _____

Date: _____

