



WHEEL CITY WHOLESALERS

WHEELS TIRES ACCESSORIES

In order to process your account application,

we need the following:

- * Copy of Sales & Use Tax Certificate
- * Company must be listed
- * Completed Account Application

WE DO NOT SELL TO HOME BASED BUSINESSES

74 Algana Ct. | St. Peters, MO 63376

Fax: (636) 244-5976

Phone: (314) 739-9473 or (866) 945-2489

whlcity@msn.com

Type of Account:
(Please Check One)

COD-Cash Only

Net 10th

COD-Company Check

Company Credit Card

Account Application

(Please Print or Type)

Date: _____

Legal Name of Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email Address: _____

Accounts Payable Contact: _____ **Phone:** _____ **Fax:** _____

Accounts Payable Email Address: _____

Purchase Order Required? **YES** / **NO**

Number of Years in Business: _____ **Corp.** **Partnership** **Sole Prop.**

If Incorporated, State & Date of Incorporation: _____

List of Owners	Social Security #	Driver's License # & State	D.O.B.
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_____	_____	_____	_____
_____	_____	_____	_____

Federal ID #: _____ **Sales & Use Tax #:** _____

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

Amount of Credit Requested: \$ _____

*If amount exceeds \$10,000 attach a current financial statement.

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

Name: _____ **City:** _____ **State:** _____

Phone: _____ **Fax/Email:** _____ **Account #:** _____

Name: _____ **City:** _____ **State:** _____

Phone: _____ **Fax/Email:** _____ **Account #:** _____

Name: _____ **City:** _____ **State:** _____

Phone: _____ **Fax/Email:** _____ **Account #:** _____

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

Name: _____ **Branch:** _____

Address: _____

Phone: _____ **Fax:** _____

Account #: _____ **Date Opened:** _____

Credit Card Accounts Only (All Credit Cards Subject to a 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:** _____



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Authorization For Release of Supplier Information

(Please Print or Type)

Date: _____

I, _____

Doing business as: _____

Authorize my Trade References listed to furnish credit information to
Wheel City Wholesalers for the purpose of opening a charge account with
their company.

Thank you,

Signature _____

Printed Name _____

Supplier _____ Bank Information _____

Trade _____ Bank Reference _____



WHEEL CITY WHOLESALERS
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Credit Card Authorization

(Please Print or Type)

**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

Billing Address

Shipping Address

Primary Phone Number

Fax Number

Credit Card Type

Credit Card Number

Expiration Date

Security Code

Driver's License Number

Date of Birth

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 636-244-5974. Or email them to whlcity@msn.com .**

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