

Southwest Wheel Company

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

NOTICE: This application will not be processed unless all questions are answered and it is properly signed.

Bill To Name _____ Phone Number _____
 Bill To Address _____ City _____ State _____ Zip _____
 Ship To Address (if different) _____ City _____ State _____ Zip _____
 Email Address for Ordering Online _____ Have you ordered Online with Us Before Yes No

CORPORATE OFFICERS PRINCIPALS OR PARTNERS

Name		Date Established	
Title		Type of Business	<input type="checkbox"/> Manufacturer
Home Address			<input type="checkbox"/> Dealer
Name			<input type="checkbox"/> Fleet
Title			<input type="checkbox"/> Government / School
Home Address		Number of Employees	
Financial Statements Available	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enclose last year ending.	Annual Sales	

PARENT COMPANY

Name _____
 Street _____ City _____ State _____ Zip _____

BANKING REFERENCES

Bank name		Telephone	
Street		Account Number	
City, State, Zip		Contact	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

TERMS OF SALE

Net 10th Prox. A Service Charge of 1 ½% Per Month Will Be Charged on All Past Due Balances.

Anticipated Monthly Purchase \$ _____ Sales Tax Resellers Permit Number _____

SIGNATURES

Signature		Signature	
Title		Title	
Date		Date	

