

ATLANTIC TIRE DISTRIBUTORS

PROSPECTIVE CUSTOMER

DATE	
STORE	
SALESMAN	

TERMS AND CONDITIONS

Please open an account in our name as shown below. We agree to pay our account in full by the tenth of the month following the date of our charge. If you have not received our payment by the tenth of the month following the date of the charge, we hereby agree to pay finance charge* of one and a half percent on the unpaid balance of our account and that the account is subject to be paid on demand. We understand that the finance charge does not affect our agreement to pay by the tenth of the month. We also agree to pay all legal fees resulting from your expenses in collecting past due accounts from us. (*Finance charge subject to future change with proper notice)

PLEASE REMIT ALONG WITH A COPY
OF YOUR MOST RECENT
FINANCIAL STATEMENT TO:

ATLANTIC TIRE DISTRIBUTORS
POST OFFICE BOX 827
EDENTON, NC 27932

CUSTOMER INFORMATION

LEGAL TRADE NAME _____	YEAR BUSINESS STARTED _____
MAILING ADDRESS _____ CITY _____ STATE/COUNTRY _____ ZIP _____	
DELIVERY ADDRESS _____ CITY _____ STATE/COUNTRY _____ ZIP _____	
TELEPHONE _____ FAX _____ EMAIL _____	
FED TAX ID/SOCIAL SECURITY NUMBER _____	D & B NUMBER _____
ANNUAL SALES/NET INCOME _____	(PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE)
SUBJECT TO SALES TAX: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT, LIST EXEMPTION NUMBER _____	
SUBJECT TO PURCHASE ORDERS: YES <input type="checkbox"/> NO <input type="checkbox"/> AUTHORIZED PERSON TO ISSUE P.O. _____	
PRIMARY CONTACT (1) _____	TELEPHONE _____
PRIMARY CONTACT (2) _____	TELEPHONE _____

NAMES OF PERSONS AUTHORIZED TO CHARGE

TYPE OWNERSHIP				<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
NAME(S) OF PROPRIETOR OR PARTNERS _____	NAME OF OFFICERS _____		TITLE _____			
_____	_____		_____			
_____	_____		_____			

BANK REFERENCES

NAME _____			NAME _____		
STREET _____			STREET _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
ACCOUNT NUMBER _____	PHONE NUMBER _____		ACCOUNT NUMBER _____	PHONE NUMBER _____	

TRADE REFERENCES

① NAME _____			② NAME _____		
STREET _____			STREET _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
ACCOUNT NUMBER _____	PHONE NUMBER _____		ACCOUNT NUMBER _____	PHONE NUMBER _____	

RELEASE STATEMENT

② NAME _____			TO WHOM IT MAY CONCERN:		
STREET _____			I (WE) AUTHORIZE THE RELEASE OF ANY BANK OR TRADE CREDIT INFORMATION REQUESTED BY ATLANTIC TIRE DISTRIBUTORS. YOUR COOPERATION WOULD BE APPRECIATED BY ATLANTIC TIRE AND MYSELF.		
CITY _____	STATE _____	ZIP CODE _____			
ACCOUNT NUMBER _____	PHONE NUMBER _____				
			SIGNATURE _____ TITLE _____		

DATE OF FINANCIAL
STATEMENT SUBMITTED
WITH THIS REPORT

BEING AN OFFICER OR PARTNER (IF OTHER THAN INDIVIDUAL) OF THE ABOVE, I PERSONALLY GUARANTEE AND AGREE INDIVIDUALLY TO PAY ANY UNPAID BALANCE ON THIS ACCOUNT, AS WELL AS ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES IF PLACED WITH COUNSEL FOR COLLECTION.

SIGNATURE _____

PRINTED _____

DATE _____

TITLE _____