



Website: www.gtwtires.com

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

SHIP TO ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

ALT. PHONE: _____ P.O. REQUIRED: YES -- NO

EMAIL ADDRESS: _____ PASSWORD: _____

SALES CONTACT (Responsible for the account): _____

DRIVER LICENSE (Must attach a copy): _____

SOCIAL SECURITY NUMBER: _____

RESALE TAX IDENTIFICATION (Must attach a copy): _____

Applicant certifies that all purchases are made for the purpose of resale and applicant will be held responsible for all the sales taxes. Applicant further acknowledges that: all accounts are due and payable; interest at the maximum rate permitted by law will be assessed monthly on all accounts past due ten days or more after normal due date; the law of the State of Florida will apply to all transactions between GTW OF TAMPA and the applicant.

Applicant has the authority to make and sign this application; applicant authorizes the investigation of credit references and the verification of the bank and credit references given in this application. In consideration of credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, completed and continuing one and no notice need be given.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

WITNESSED BY _____ Kenny Bell _____ DATE _____