



5105 Brown Avenue  
St. Louis, MO 63115

Date: \_\_\_\_\_

ORDER PENDING: YES / NO

## Application Agreement for Account or Credit Terms

*Please return completed form W-9  
(Sales Tax Exempt Certificate Missouri Only)*

FEDERAL TAX ID# \_\_\_\_\_ SALES TAX EXEMPT# \_\_\_\_\_

Name of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Sole Proprietorship [ ]

Partnership [ ]

Corporation [ ]

Contact for Payment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### TRADE REFERENCES

*(List only active tire vendors. NO credit cards.)*

1. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

3. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone  
(314) 389-8899

Toll Free  
(800) 231-1231

Fax  
(314) 389-8079

Email  
info@stlwholesale.com

# TERMS OF AGREEMENT AND APPLICATION FOR CREDIT

In consideration of Seller's extension of credit to Applicant, Applicant agrees to pay under the terms of this Agreement and Application for Credit (the "Agreement") when due (a) all debts, liabilities and obligations, now existing or hereafter coming into existence; (b) a finance charge equal to 1 ½ % per month, or 18% per annum the unpaid balance of any account or other Obligations (the "Finance Charge"); and (c) reasonable attorneys' fees, costs and expenses incurred in connection with the collection and enforcement, or any attempts at collection and enforcement, of such debts, liabilities or obligations of Applicant, by or through any attorney, all of (a), (b) and (c) shall be referred to as the "Obligations".

Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of Seller. If Applicant fails to comply with Seller's prevailing terms or any of the provisions of this Agreement, Seller may declare the unpaid balance on this account immediately due and payable, in this event, Applicant agrees to pay such balance upon demand or Seller may, in the manner and as provided by applicable law, retake the goods or pursue any further remedy provided by applicable law.

Applicant hereby authorizes the use of this document, or electronic copy, as consent for the release of credit information to seller by credit bureau and the above-listed Trade and Bank References.

Applicant hereby consents to St Louis Wholesale Tire to file a UCC-1 (Uniform Commercial Code) form and /or related UCC forms with the Secretary of State of the respective and /or appropriate state where Applicant maintains its principal place of business, conducts its business, is incorporated, is organized, etc., or where the property will be located.

Applicant certifies that the statements on this Agreement are true, correct and complete, and that they have been made in order to obtain credit from St Louis Wholesale Tire.

If more than one person shall execute this Agreement, the term "undersigned" shall mean all parties executing this Agreement, and any liability under this Agreement shall be joined and several.

Applicant has executed this Agreement, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

## IF CORPORATION (must be signed by a duly authorized officer)

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Officer

## IF LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP

(must be signed by all general partners)

\_\_\_\_\_  
Name of Partnership

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of General Partner

\_\_\_\_\_  
Print Name of General Partner

\_\_\_\_\_  
Signature of General Partner

\_\_\_\_\_  
Signature of General Partner

## IF INDIVIDUAL OR SOLE PROPRIETORSHIP

\_\_\_\_\_  
Print Name of Individual

\_\_\_\_\_  
Signature of Individual

### INTERNAL USE ONLY

TERMS: \_\_\_\_\_

SALES REP: \_\_\_\_\_

SHIPPING VIA: \_\_\_\_\_

1<sup>ST</sup> ORDER CC PMT: YES / NO

CC#: \_\_\_\_\_

EXP: \_\_\_\_\_

CVV#: \_\_\_\_\_

For the purpose of obtaining merchandise from **St. Louis Wholesale Tire** (Seller), the following statement is made by the Applicant, intending that the Seller rely on same as correct.

**Phone**  
**(314) 389-8899**

**Toll Free**  
**(800) 231-1231**

**Fax**  
**(314) 389-8079**

**Email**  
**info@stlwholesale.com**