

## Instructions for Completing the Tire Rack Wholesale Account Application

### General Information

- Your business must be automotive-related to qualify for a Tire Rack Wholesale account. Additionally, your company must buy and resell tires and wheels.
- A signed account application is required for ALL wholesale accounts. Signature is required regardless of the payment method.
- Please fill in all fields on the application. Applications with missing information will delay the approval process. Type or neatly print all information.
- If your business telephone number is not listed with directory assistance, please provide a copy of your phone bill showing the phone number and business address.

### Name and Address

- Please provide your complete business name. If you have a "doing business as" (d/b/a) name, provide both the parent company name and the d/b/a name.

### Credit References

- Provide three (3) major automotive credit references that are not financially linked to, or otherwise supporting, your business. Please provide a fax number and vendor account number for all references.
- Provide a copy of your business license and a copy of your dealer's license (if applicable). The document needs to include your business name and address.
- Provide a copy of your State Sales Tax Exemption Certificate. A wholesale account cannot be approved without the certificate.

**Send the completed application, a copy of your business license, dealer's license (if applicable), and a copy of your State Sales Tax Exemption Certificate.**

**Fax the documents to 866-580-5523, or email to  
creditapplicationwholesale@tirerack.com.**

Please feel free to call the credit department at 1-800-445-0179; ext. 4350 if you have questions or need help with the application.

Thank you.



## ACCOUNT APPLICATION

The Tire Rack Wholesale opens your door to a huge selection and inventory of wheels, tires, suspension components and services. We hope our relationship provides your business with unlimited opportunities.

This application is intended to: A) Confirm you are in an automotive-related business. B) Determine the most suitable method of payment for your purchases.

NAME OF BUSINESS

BILL TO ADDRESS

CITY

STATE

ZIP CODE

SHIP TO ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

CELL NUMBER

EMAIL ADDRESS

WEBSITE URL

I would like to receive email at the above address from Tire Rack Wholesale featuring the newest products as well as helpful tips on using the website. \_\_\_\_ Yes \_\_\_\_ No

ACCT PAYABLE CONTACT

ACCT PAYABLE CONTACT EMAIL ADDRESS

I would like to receive email at the above address from Tire Rack Wholesale's credit department regarding my account when required. \_\_\_\_ Yes \_\_\_\_ No

TYPE OF BUSINESS: (Choose "one" option that best describes your business.)

- |                                          |                                         |                                               |                                            |
|------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> AUTO SERVICE    | <input type="checkbox"/> WAREHOUSE CLUB | <input type="checkbox"/> INDEPENDENT TIRE DLR | <input type="checkbox"/> TIRE MFGR         |
| <input type="checkbox"/> MASS MERCHANT   | <input type="checkbox"/> NEW CAR DLR *  | <input type="checkbox"/> REG'L TIRE DLR       | <input type="checkbox"/> WHEEL MFGR        |
| <input type="checkbox"/> VEHICLE AUCTION | <input type="checkbox"/> USED CAR DLR   | <input type="checkbox"/> NAT'L TIRE DLR       | <input type="checkbox"/> TUNER/ACCESSORIES |
| <input type="checkbox"/> VEHICLE MFGR    | <input type="checkbox"/> WHOLESALE      | <input type="checkbox"/> COMPANY-OWNED STORE  |                                            |
| <input type="checkbox"/> OTHER _____     |                                         |                                               |                                            |

\*PLEASE LIST "ALL" MAKES SOLD AT THIS LOCATION. (Applies to new car dealers only.)

IS YOUR BUSINESS A: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION OR ☐ LLC?

NAME OF OWNER(S) OR CORPORATE OFFICER(S) (Include titles)

HOW LONG HAVE YOU BEEN IN BUSINESS?

NUMBER OF YEARS UNDER CURRENT OWNERSHIP?

NUMBER OF LOCATIONS?

DO YOU CURRENTLY HAVE AN ACCOUNT WITH THE TIRE RACK WHOLESALE?

ACCOUNT #

### REQUIRED

-----Please include a copy of your Business License with this application. Also, include your State Sales Tax Exemption Certificate to qualify for a Wholesale Account and avoid being billed Sales Tax.

### WHOLESALE ACCOUNT PAYMENT OPTIONS: Approval is based on credit history and reference responses.

Please select the type of account you would prefer.

☐ COD ACCOUNT CERTIFIED CHECK:

- A) Pay with U.S. postal money order or cashier's check upon delivery.  
B) Orders may require a deposit. Company business credit cards are acceptable for deposit.

☐ COD COMPANY CHECK ACCOUNT:

- A) Requires that your Company has been in business for a minimum of one year.  
B) Requires a clean credit history and no NSF checks.

☐ OPEN ACCOUNT:

All invoices dated prior to the end of any given month are due on the 10th day of the following month by company check.

- A) Requires an excellent credit history.  
B) Requires significant credit line with current suppliers.  
C) eStatement: Upon approval, I am interested in receiving my statement via email. \_\_\_\_ Yes \_\_\_\_ No

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PROVIDE THREE MAJOR AUTOMOTIVE CREDIT REFERENCES THAT ARE  
NOT FINANCIALLY LINKED TO, OR OTHERWISE SUPPORTING YOUR BUSINESS  
\*FAX NUMBERS ARE REQUIRED

1) NAME

ADDRESS

CITY STATE ZIP CODE

PHONE \*FAX

VENDOR ACCT # CONTACT NAME / EMAIL ADDRESS

2) NAME

ADDRESS

CITY STATE ZIP CODE

PHONE \*FAX

VENDOR ACCT # CONTACT NAME / EMAIL ADDRESS

3) NAME

ADDRESS

CITY STATE ZIP CODE

PHONE \*FAX

VENDOR ACCT # CONTACT NAME / EMAIL ADDRESS

**BANK INFORMATION**

BANK NAME ADDRESS

CITY STATE ZIP CODE

PHONE CONTACT NAME

- It typically takes 1 to 2 weeks to process a wholesale application; however, it depends on the completeness of this application and the response times from the references you listed.
- Password Protection is available. Contact the Credit Department to sign up following the approval of your wholesale account.
- Whom would you like us to contact with questions on this application?

NAME PHONE OR EMAIL

The applicant hereby authorizes Tire Rack, any credit bureau, or any other investigative agency employees to contact the references given herein and to investigate any statements or other data obtained from applicant or any other person pertaining to the applicant's credit and financial responsibility. In the circumstance that outside intervention is required to collect payment, the applicant agrees to pay any additional fees resulting from such collection activities. The applicant hereby authorizes Tire Rack to contact applicant by email with respect to matters involving applicant's account, including the collection of any amounts owed to Tire Rack.

SIGNATURE (Required) PRINTED NAME

TITLE (Owner/General Mgr/Officer) DATE

- To contact us regarding the status of this application email: creditapplicationwholesale@tirerackwholesale.com

**TIRE RACK SALES SPECIALIST:**

PHONE: 800-445-0179 EXT: EMAIL: