

BLACKBURN'S HUBCAP & WHEEL, INC.
1001 Paster Court · Macedonia, Ohio 44056
Phone (330) 467-0236 Fax (330) 467-0443
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Company Name:

Contact Name:

Billing Address:

City:

State:

ZIP Code:

Shipping Address (if different)

City:

State:

ZIP Code:

Date Business Commenced:

Federal Tax ID#:

Sales Tax Exempt ___Yes ___No (If yes, must complete Tax Exemption Certificate)
(All purchases will be subject to tax until Certificate is Received)

Phone:

Fax:

E-Mail:

BANK INFORMATION

Bank Name:

Branch Contact Person:

Bank Address:

City:

State:

ZIP Code:

BUSINESS/TRADE REFERENCES **FAX NUMBERS/EMAIL FIELDS MUST BE COMPLETED******

Reference #1 Company Name:

Your Account Number:

Contact Person:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Reference #2 Company Name:

Your Account Number:

Contact Person:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Reference #3 Company Name:

Your Account Number:

Contact Person:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

AGREEMENT

1. All purchases made by applicant are subject to the attached Terms & Conditions. Your signature indicates your agreement to be bound by the representations, warranties, terms & agreements.
2. All invoices are to be paid 30 days from the date of the invoice.
3. By submitting this application, you authorize Blackburn's Hubcap & Wheel, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signature:

Date:

Printed Name:

Title: