APPLICATION FOR DEALER VERIFICATION

PHONE (562)776-9594 | 10112 MILLER WAY
FAX (562)776-9635 | SOUTHGATE, CA 90280

Date:	
Request for COD/CASH Only Account	
Request for COD/Company Check Acct.	
Request for credit account	

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Company Name:							
Address:							
Dity:				State:	Zip:		
Phone Number	Phone Number ( ) -			Fax Number ( ) -			
E-mail Address							
Billing Address (if different from above):							
Address:							
City:			State:	Zip:			
Phone Number ( ) -			Fax Number ( ) -				
Date Business Opened			Resale Tax Number				
Owned by:	Individual	Partnership		Corporation	State of Incorporation		
Dwner's Name(s) Name			Social Security Number				
Residence Address:							
			Driver's License Number				
Treads Defenses							
Trade References: to avoid delays, please provide complete information							
			Phone Number ( )	-			
Address				Fax Number ( )	×		
City		State	Zip	Account Number			
Name Of Trade Reference 2				Phone Number ( )	-		
Address			Fax Number ( )	-			
City		State	Zip	Account Number			
lame Of Trade Reference 3				Phone Number ( )	-		
Address			Fax Number ( )	-			
City		State	Zip	Account Number			
Bank Information: must be filled out to accept company checks							
Bank Name			Account Number				
Aailing Address							
Dity		State	Zip				
Contact at Bank				Phone Number ( )	-		
			Fax Number ( )	y <del>-</del>			
(We) hereby apply for a wholesale account and give permission to Mobile Hi-Tech Wheels Inc. to check any/all references, including the investigation of personal credit information as deemed appropriate and necessary.							
(We) agree that should credit be extended, all invoices will be paid when due and acknowledge that when the account is not paid when due, it will become delinquent and subject to a finance charge of 1 /2% per month (18% per annum) to be applied to the							
(We) further understand and agree to pay any/all attorney and/or collection fees in the event such action is taken by Mobile Hi-Tech Wheels Inc. and that any/all action will be taken in accordance with the aws of the State of California in Los Angeles							
Authorized Signature			Date				
Print Name			Title				

Return Completed Application to: 10110 Miller Way, South Gate CA, 90280 or Fax to: (562)776-9635