

Royal Tire Inc. / Tire One Customer Profile

3955 Roosevelt Rd. • St. Cloud, MN 56301
(320)257-2987 • 1-888-847-3663
Fax: (320)257-3055

Full Legal Business Name _____

Doing Business As _____

Billing Address _____

City/State/Zip Code _____

Shipping Address _____

Telephone # _____

Fax # _____

E-mail Address _____

Owner/President's Name/Social Security # _____

Owner's Home Address _____

Telephone # _____

Federal ID # _____

Tax Exempt # _____

How long in business? _____

Current ownership in place since: _____

Accounts Payable contact: _____

Check one: Individual Partnership Corporation

We warrant the information provided to be true. I am an authorized officer, grant permission to investigate the references, including commercial and consumer credit checks. I agree to pay Royal Tire Incorporated's terms of Net 10th. A service charge of 1.5 percent per month will be imposed upon the accrued, unpaid balance of any bill not paid within terms.

If the account is placed with an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect our interest, we agree to pay all costs and suit fees, including a reasonable attorney's fee on the principal and service charges.

X

Signature _____

Date _____

Printed name _____

Business References

1.

Complete Name _____ Telephone # _____

Complete Address _____ City _____ State _____ Zip Code _____

2.

Complete Name _____ Telephone # _____

Complete Address _____ City _____ State _____ Zip Code _____

3.

Complete Name _____ Telephone # _____

Complete Address _____ City _____ State _____ Zip Code _____

Bank References

Financial Institution _____ Telephone # _____

Complete Address _____ City _____ State _____ Zip Code _____

Contact Name/Account Number _____

Personal References

As additional consideration for the extension of credit to (Company Name) _____
The undersigned personally guarantees and agrees to pay, when due, and upon demand, full amount of any indebtedness owed to Royal Tire Incorporated by the company listed above in connection with such sales.

X

Signature _____ Date _____ Printed Name _____

Witness _____ Date Witnessed _____

Office Use Only

Mailing List: _____ Price Code: _____ Route #: _____ Salesman #: _____

Tire One: _____ Credit Limit Desired: _____

Comments: _____

ROYAL TIRE INC

**3955 Roosevelt Rd
St. Cloud, MN 56301
(320)257-3042**

Bank/Trade Release Authorization

I have made application for credit with Royal Tire Inc/Tire One, and I hereby authorize the release of the information for credit determination purposes.

Legal Name of Applicant and/or Trade Names: (Please type or print legibly.)

Legal Name _____

Db _____

Street Address _____

City, State & Zip Code _____

Bank Account Number _____

Social Security Number _____

Federal I.D. Number _____

Applicant's Printed Name _____

Applicant's Authorized Signature _____

Title _____

Date _____