



**New Account Application**

Please complete entire form...

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ (800) \_\_\_\_\_

Primary contact (Buyer) \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_

Secondary contact (accounting) \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Company web address \_\_\_\_\_

**Type of business?**

- Restyling / Accessory retailer
- Performance shop
- Auto / Truck dealer
- Web site Internet business
- Other \_\_\_\_\_
- How were you referred to us? \_\_\_\_\_

**We wish to establish a:**

- \_\_\_\_ Net 30 Account
- \_\_\_\_ Prepay Account
- \_\_\_\_ Visa/MasterCard / Discover/Amex

What other brands / products does your company sell?

Vendor \_\_\_\_\_ Products \_\_\_\_\_

Vendor \_\_\_\_\_ Products \_\_\_\_\_

Vendor \_\_\_\_\_ Products \_\_\_\_\_

**What REALWHEELS products do you plan to carry?** \_\_\_\_\_

*To help ensure your success, we will gladly provide a list of our top selling items for your inventory.*

**Please attach the following items to this application, and forward it to RealWheels RWC, Inc.**

- Copy of your "Certificate of Resale".
- Sample of your "Company Letterhead".
- Sample Business card.
- Copies of your flyers, brochures and / or advertisements.
- Completed copy of the enclosed "Credit Application".
- Completed copy of the enclosed "New Account Terms & Conditions"

Completing this form in its entirety will greatly expedite the authorization process.

**WELCOME... To the RealWheels RWC, Inc. family! We look forward to working with you.**

**On-Line / Sales - RealWheels RWC, Inc. 3940 Tannahill Dr. Gurnee, IL 60031 Ph. (847) 662-7722, Fax. (847) 662-7744**



**New Account Application**

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Credit Release - - I/We furnish the aforementioned confidential information for the purpose of obtaining credit from RealWheels RWC, Inc. I/We consent to RealWheels contacting any of the aforementioned persons and further authorize such persons to release to RealWheels any and all confidential information.

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Owner's Signature

Date

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Owner's Name, Printed

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Company Name

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Street Address

---

City

State

Zip

---

Phone

Fax

---

E mail

Who else in your organization is approved to contact manufacturers regarding accounts payable & order release information?

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NAME

Title

**Company Information**

Customer Name	Phone Fax		Date
DBA/Trade Name		Date Business Started	
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
Other Shipping Address	City	State	Zip

**Business Information**

Type of Business (circle one)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Owner	Partnership	Corporation	Branch Operation
Do You Use Purchase Orders?	Tax Exemption No.		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Accounts Payable Contact		Phone	

**Trade References-Providing complete "Account" information greatly expedites this process.**

Ref. #1	Phone # Fax #		
Address	City	State	Zip
Ref. #2	Phone # Fax #		
Address	City	State	Zip
Ref. #3	Phone # Fax #		
Address	City	State	Zip

**Bank References**

Bank Name	Phone #		
Contact/Title	Fax #		
Address	City	State	Zip
Check Account #	Savings Account #		

**RealWheels also accepts MasterCard, Visa, Discover, & American Express**

I/We hereby authorize RealWheels to contact any or all of the above credit references regarding my/our credit standing and history.

Authorizing Signature

Date



## Credit Application

Has the firm or any of its principles ever been bankrupt?                      Yes                      No

If yes, please explain \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (NET 30) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

CREDIT DEPARTMENT USE ONLY

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

Line of Credit    Approved / Denied                      Amount \$ \_\_\_\_\_  
Comments: