



## New Customer Information Request

Thank you for your interest in Wheel Performance of Florida. Please review the following criteria required to become a wholesale dealer:

1. You must be an automobile-related business.
2. Your business must be listed with directory assistance, or be confirmed on the Internet.
3. You must purchase merchandise for the sole purpose of resale.
4. You must provide a **copy of your business license**, and sign the **Annual Resale certificate for Sales Tax (RESALE CERTIFICATE)**.
5. You must also complete, sign and return our account application/credit verification form that follows.

**ALL ACCOUNTS MUST SEND BACK A COPY OF THE BUSINESS LICENSE, THE SIGNED RESALE CERTIFICATE, AND A SIGNED APPLICATION.**

**We cannot set up your account without the proper paperwork.**

**RETURN FAX TO 407-830-1873**

If you have any questions regarding the information required, please contact us at 407-830-7176.

311 Dane Lane #105•Longwood, FL 32750  
(407) 830-7176•877-RIMSFLA•(407) 830-1873 FAX



## Account Application

NAME OF BUSINESS \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

WEBSITE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

If you would like to receive Wheel Performance emails and faxes featuring new products and specially priced merchandise. (  YES,  NO)

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

ACCOUNTS PAYABLE FAX/EMAIL/PHONE \_\_\_\_\_

NATURE OF BUSINESS (i.e. tire dealer, car audio, service center, wheels) \_\_\_\_\_

IN BUSINESS SINCE \_\_\_\_\_ NUMBER OF LOCATIONS \_\_\_\_\_

PLEASE CIRCLE ONE: (LLC CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP)

NAME OF OWNER(S) OR CORPORATE OFFICER(S), include titles \_\_\_\_\_

### **PAYMENT OPTIONS: please select the account you would prefer.**

- 1)  COD ACCOUNT: Pay with certified funds upon delivery. (money order or cashier's check).
  - ✓ Quickest and easiest option. All confirmed accounts qualify.
  - ✓ Simply return signed Account Application & Credit Verification (please list at least 3 references), with business license and State Sales and Use Tax Exemption certificate.
  
- 2)  CREDIT CARD: Pay with company credit card. Shipping and billing address must match.
  - ✓ Simply return signed Account Application & Credit Verification (please list at least 3 references), with business license and State Sales and Use Tax Exemption certificate.
  
- 3)  COD COMPANY CHECK ACCOUNT: UPS will accept your company check.
  - ✓ Requires your Company has been in business for a minimum of one year.
  - ✓ Requires completed credit application.
  - ✓ Requires a clean credit history and no NSF checks.
  
- 4)  OPEN ACCOUNT: All invoices due NET 30 days from invoice date.
  - ✓ Must meet all requirements of option 3, with an excellent credit history. Requires significant credit line with current suppliers.
  - ✓ Orders may be delayed while waiting for references to respond.



## Credit Verification

**THIS PAGE MUST BE SIGNED AND RETURNED REGARDLESS OF PAYMENT OPTION.**

**\*\*\*REFERENCES REQUIRED ONLY FOR COD COMPANY CHECK OR OPEN ACCOUNT\*\*\***

**\*\*\*PLEASE PROVIDE 5 AUTO RELATED REFERENCES, NOT ALL 5 WILL RESPOND\*\*\***

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

It may take up to two weeks to process a credit application for company check or open account; it depends on the completeness of the credit application and the response time from the references listed. In consideration for the extension of credit, I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one-half percent (1.5%) per month to any balance owed, and in event of default, to pay reasonable collection charges and/or attorney fees. I/We also authorize Wheel Performance of Florida to contact trade references and banks to disclose financial information as requested. This agreement shall apply to all credit advances made between the parties. A service charge of fifty- (\$50) dollars will be assessed on any returned checks. Wheel Performance of Florida may request a consumer credit report in connection with your application. All invoices are due and payable in Seminole County, Longwood, Florida.

### Personal Guarantee

In consideration for the credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

**I certify that I am an owner, general manager, or officer authorized to make this request.**



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ (TITLE) \_\_\_\_\_  
(PRINTED)



## BLANKET CERTIFICATE OF EXEMPTION

FAX TO (407) 830-1873

THE UNDERSIGNED CERTIFIES THAT THE MERCHANDISE PURCHASED ON OR AFTER \_\_\_\_\_(DATE) FROM WHEEL PERFORMANCE OF FLORIDA, UNLESS THE ORDER SHALL SPECIFY OTHERWISE, OR UNTIL THIS NOTICE IS REVOKED IN WRITING, IS EXEMPT FROM SALES AND USE TAX FOR THE FOLLOWING REASON:

- FOR RESALE
- OTHER REASON (SPECIFY) \_\_\_\_\_

THE UNDERSIGNED HOLDS \_\_\_\_\_(STATE) SALES AND USE TAX PERMIT # \_\_\_\_\_ AND ASSUMES LIABILITY FOR PAYMENT DIRECTLY TO THE STATE OF \_\_\_\_\_(STATE) FOR ANY TAX DUE IF HE/SHE USES OR CONSUMES THE PURCHASED PROPERTY FOR A TAXABLE PURCHASE.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011.

SIGNATURE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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