

**DIPRIMA WHOLESALE TIRE COMPANY**

APPLICATION FOR DEALER ACCOUNT

PH: 1-800-768-0020 FAX: 706-891-2323

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

DBA: / \_\_\_\_\_ / Owner \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

ACCOUNTS PAYABLE: \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT)**

NAME: \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STATE TAX ID# \_\_\_\_\_

Also need photo-copy of sales tax form.

SCRAP TIRE# \_\_\_\_\_

**TIRE EQUIPMENT MUST BE ON-SITE TO QUALIFY FOR ACCOUNT**

**CREDIT APPLICATION**

**FINANCIAL INSTITUTIONS:**

**NAME:** \_\_\_\_\_ **Acct#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **PH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

.....

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **PH** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRADE REFERENCES: (Vendors that you are on open account with)**

**1.NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FAX/PHONE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**2.NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FAX/PHONE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**3.NAME:**\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_

**FAX/PHONE** \_\_\_\_\_

**CITY**\_\_\_\_\_ **STATE**\_\_\_\_\_ **ZIP**\_\_\_\_\_

**By signing this application you agree that all information given is true  
And agree for the Credit dept. @ DiPrima tire to make inquires as to the  
Payment history of your open account, and release such information as  
N.S.F. check history.**

**All data collected by DiPrima will be used solely for consideration of credit terms.**

**X**\_\_\_\_\_ **date** \_\_\_\_\_

**How did you learn about DiPrima Tire?**

\_\_\_\_\_  
\_\_\_\_\_