



1050 N. Vineyard Ave,
Ontario, CA 91764
P: (626) 363-1666 | F: (626) 363-1679

Territory: _____ Salesperson: _____



NEW CUSTOMER APPLICATION

INSTRUCTIONS: Print out this form, Fill it out, Email to ar@thewheelgroup.com or Fax to 626-363-1679

Legal Name _____

Trade Name if Any _____

Address _____ City/State/Zip _____

Business Phone _____ Business Fax _____

Email _____ Federal Tax ID _____

DNB# _____ State Tax License # _____

Type of Business: Corporation / LLC Partnership Individual Business # of Years in Business _____

TRADE REFERENCES

1) Supplier Name: _____ Phone #: _____ Fax #: _____

2) Supplier Name: _____ Phone #: _____ Fax #: _____

3) Supplier Name: _____ Phone #: _____ Fax #: _____

Terms Request: _____ Credit Limit Request: _____

Requesting for terms/credit does not guarantee credit until approval has been received. Any orders prior/pending to approval will remain on C.O.D terms.

WHEEL GROUP HOLDINGS, LLC dba THE WHEEL GROUP, WHEEL-1 is continually updating its customer and contact database; we request that you confirm the mailing and email addresses, phone and fax numbers, to be current and accurate. Please also give us your permission to send you materials advertising our products to the fax number so we can keep you informed of all of our products and special promotions. You may note your permission below, call our customer service number or send a fax to us to give us permission. If you subsequently wish to have your number removed from our list, our removal number is on the bottom of each promotion.

Mark to approve receipt of facsimile and/or emails of The Wheel Group specials and promotions.

We hereby apply for credit and /or affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the State of Delaware. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

By signing below you acknowledge that all information given by you is true and accurate, and agree to all the terms and conditions.

Signature: _____ Print: _____ Date: _____

PERSONAL GUARANTEE

The undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Persons, or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

Signature: _____ Print: _____ Date: _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.



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BANK REFERENCE:

Company Name: _____

Company Address: _____

Bank Name / Contact: _____

Bank Address: _____

Bank Phone / Fax: _____

Bank Account#(s): _____

I authorize WHEEL GROUP HOLDINGS, LLC to inquire about my account for credit purposes.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

This area is for bank responses only, do not fill out.

The above company has given your name as a credit reference. We would appreciate any information you may provide that would help in the establishment of credit relations with the above named company.

All the information received will be kept in the strictest confidence.

Account Established Since: _____

Average Balance: _____

Current Balance: _____

N.S.F: _____

Rating: _____

Credit Line: _____

High Credit: _____

For any questions or concerns please contact:
Accounting Department: 626-363-1660 x266

Fax Completed Document:
Attn: Accounting Dept 626-363-1679

*****FOR OFFICE USE ONLY*****

Recommended Terms: _____ Recommended Limit: _____

Notes:



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CREDIT CARD AUTHORIZATION FORM

Drivers License#/State/Exp: _____

Card Type: _____

Card Number: _____

Expiration Date/CSV: _____

Cardholder Name: _____

Billing Address: _____

I authorize WHEEL GROUP HOLDINGS, LLC to charge my purchase on the above referenced Credit Card. In choosing to use this card as method of payment, I guarantee that there will be no refunds for shipping charges (2-way) in the event of a returned shipment due to refusal of delivery. I guarantee that no “charge-back” will be issued, prior to making contact with WHEEL GROUP HOLDINGS, LLC to settle any disputes and acquiring written agreement to perform a “charge-back”. I also authorize WHEEL GROUP HOLDINGS, LLC to charge my credit card the amount of any unresolved past due payments. By signing this form, you acknowledge that all information given by you is true and accurate. Credit card fraud is a felony and is punishable by law.

Company Name: _____

Date: _____

Signature: _____

Signer Name (Print): _____

All information received from the Customer is kept in the strictest confidence.

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁷	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,18}	
CT ⁵		NC ¹⁹	
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{4,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}		SC	
IA		SD ²⁴	
KS		TN	
KY ¹¹		TX ²⁵	
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____