



19870 Stony Island Ave. • Lynwood, IL 60411 • Phone: (708) 474-4114 • Fax: (708) 474-8102 Toll Free (888) 474-4114 E-mail-stony@stonytire.com
 •COMMERCIAL/WHOLESALE TIRES • RETREADS •ROAD SERVICE • ALIGNMENT • SUSPENSION/BRAKE SERVICE

CREDIT APPLICATION FORM

BUSINESS NAME _____ BUSINESS PHONE # _____
 ADDRESS _____ FAX PHONE # _____
 CITY _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____ CELL PHONE # _____
 HOME ADDRESS (DIFFERENT THAN BUSINESS) _____
 CITY _____ STATE _____ ZIP _____

() CORPORATION () PARTNERSHIP () SOLE PROPRIETORSHIP

DOES THIS BUSINESS OPERATE UNDER ANY OTHER NAME? (YES OR NO)
 IF YES, PLEASE STATE _____

IF BUSINESS IS CORPORATION OR PARTNERSHIP, LIST OFFICERS AND PARTNERS

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____

BUSINESS STARTED IN (YEAR) _____ BUSINESS FEIN# _____
 BANK _____ BANK PHONE # _____
 ADDRESS _____ BANK FAX # _____
 CITY _____ STATE _____ ZIP _____
 CHECKING ACCOUNT # _____ LOAN # _____

**TRADE REFERENCES: DO NOT USE MAJOR CREDIT CARDS OR STORE CREDIT CARDS.
 !!!!!ALL FOUR TRADE REFERENCES MUST BE FILLED IN COMPLETELY!!!!!!**

- | | |
|---|---|
| <p>1. NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____ FAX # _____
 CONTACT _____</p> | <p>3. NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____ FAX # _____
 CONTACT _____</p> |
| <p>2. NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____ FAX # _____
 CONTACT _____</p> | <p>4. NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____ FAX # _____
 CONTACT _____</p> |

TERMS AND CONDITIONS: PURCHASING ON CREDIT IS A PRIVILEGE EXTENDED AS LONG AS IT IS NOT ABUSED. ALL CHARGES INCURRED DURING A MONTH ARE DUE AND PAYABLE ON THE 10TH OF THE FOLLOWING MONTH UNLESS OTHERWISE STIPULATED AT THE TIME OF SALE BY THE MANAGEMENT. BALANCES NOT PAID BY THE 10TH OF THE MONTH ARE CONSIDERED PAST DUE. IF A BALANCE IS NOT PAID BY THE 20TH OF THE MONTH ALL PURCHASES, SERVICES AND DELIVERIES WILL BE C.O.D. A 1.75% SERVICE CHARGE WILL BE ASSESSED ON PAST DUE BALANCES AS OF THE 28TH OF EVERY MONTH. IF YOU FAIL TO PAY BY THE 28TH, YOUR ACCOUNT WILL NO LONGER HAVE CREDIT AND WILL BE C.O.D. SHOULD COLLECTION OF A DELINQUENT ACCOUNT BE NECESSARY THE DEBTOR WILL PAY ALL ATTORNEYS FEES AND COSTS INVOLVED IN SAID COLLECTION.

I UNDERSTAND THE ABOVE TERMS AND AGREE TO ABIDE BY THEM.

SIGNED _____ TITLE _____ DATE _____