



Credit Application

Return completed application to:

Office Use Only

Amt Approved \$ _____
 Plant Approval _____
 Date _____

Name of Firm or Individual _____

Social Security or Federal I.D. Number _____

Street Address _____

Resident Address _____

P.O. Box _____

P.O. Box _____

City, State, ZIP _____

City, State, ZIP _____

Telephone Number _____ FAX Number _____

Telephone Number _____ FAX Number _____

E-Mail _____

E-Mail _____

Type of Business _____ No. of Yrs in Business _____ Is Business Incorporated? []Yes []No

ALL APPLICANTS ARE REQUESTED TO SUPPLY THE FOLLOWING CREDIT INFORMATION AS FULLY AND ACCURATELY AS POSSIBLE. ADDITIONAL INFORMATION OR DETAILS MAY BE REQUESTED BY WINGFOOT.

CREDIT REFERENCES:

NAME	CITY, STATE	TELEPHONE	FAX

BANK REFERENCE:

NAME	ACCOUNT NO.	OFFICER'S NAME	CITY, STATE	TELEPHONE

Have you ever filed bankruptcy or had legal collection action taken against you? []Yes []No

If "yes" give details: Chapter [] Date _____ Current Status _____

READ CAREFULLY BEFORE SIGNING: I/We certify the foregoing information has been supplied truthfully, accurately and voluntarily and therefore authorize Wingfoot to investigate my/our credit worthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors.

I/We further understand that payment terms are NET 30 (unless otherwise indicated on invoice), and I/we agree to make payment promptly in accordance with terms.

It is fully understood by the applicant and each maker, surety or endorser here on this application that each jointly and severally waives grace, demand, presentment, notice, protest and consents that time of payment may or may not be extended without notice. The credit applicant herein indicated fully agrees to pay all interest or finance charges (not to exceed 9.9% annually) as stipulated on the invoice. It is specifically agreed and stipulated that if this matter consisting of unpaid charges supported by invoice and accrued interest charges is placed in the hands of an attorney or any other party for collection, or collected through suit, probate or bankruptcy proceedings, we jointly and severally agree to pay any and all reasonable fees, attorneys fees and all costs as may be awarded in addition to the principle and interest due at the time of collection of payment or said principle and interest in full.

 Typed or Printed Name

 Authorized Signature

 Title

Billing address if different:

Contact should any bookkeeping problems arise:

Street address or P.O. Box _____

Name _____

City/State/ZIP _____

Phone Number / Ext. _____

Will P.O. Number be required for each order? []Yes []No

If yes: Contact name: _____

Phone Number / Ext. _____

Other billing requirements (truck number, trailer number, etc.) _____

Will account be tax exempt? []Yes []No If yes, certificate "must" be attached.

OFFICE USE ONLY

Please complete the following information for customer setup:

Recap Requirements: Recap turn days _____

Max section repair _____

Max nail repair _____

Allow downgrade _____ (Y/N - If Y notate tread in special instructions)

Scrap or RAR _____

Print W. O. _____

Print repairs _____

Print brand _____

Day of week tires are delivered to customer _____

Price column for retreads _____

Salesman's ID _____

Estimated monthly sales _____