



Tirevio Inc.
 202 B W Ridge RD. IN 46319
 Tel: 219-501-6158/219-670-7683 Fax: 219-923-5481
www.tirevio.com Email: info@tirevio.com

TireVIO Dealer/ Commercial Account Application

Tirevio Dealer/ Commercial Account holders enjoy tiered discount pricing and other promotional benefits. Please contact us for details.

Instructions: Please complete all sections of this application. Attach the following documents to avoid processing delays:

- Copy of current **Business License**.
- Copy of **Sales Tax Resale Permit** (or state tax ID certificate).
- Copy of a **voided company check** (for bank verification).

DEALER/ COMMERCIAL ACCOUNT APPLICATION

| (I) BUSINESS INFORMATION | | (II) DESCRIPTION OF BUSINESS | |
|---|---|--|--|
| NAME OF BUSINESS | | NO. OF EMPLOYEES | IN BUSINESS SINCE: |
| LEGAL NAME (IF DIFFERENT) | | BUSINESS STRUCTURE | |
| BUSINESS ADDRESS | | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP |
| CITY | | <input type="checkbox"/> PROPRIETORSHIP | <input type="checkbox"/> DIVISION/SUBSIDIARY |
| STATE | | PARENT COMPANY: _____ | |
| ZIP | DESCRIPTION OF BUSINESS & MARKETING/SALES PROCEDURES (Check all that apply) | | |
| PHONE | <input type="checkbox"/> INTERNET | <input type="checkbox"/> MAGAZINE/MAIL ORDER | |
| FAX | <input type="checkbox"/> TIRE REPAIR/SHOP | <input type="checkbox"/> WHOLESALE DISTRIBUTOR | |
| PRIMARY E-MAIL | | <input type="checkbox"/> OTHER | |
| WEBSITE | | FEDERAL TAX ID (EIN) #: | |
| | | STATE RESELLER PERMIT #: | |
| *IMPORTANT: PLEASE ATTACH A COPY OF BUSINESS LICENSE WITH THIS APPLICATION | | | |



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| (III) COMPANY PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS | | | |
|--|-------|-----------|--|
| (1) NAME | TITLE | PHONE/EXT | |
| MAILING ADDRESS | | | |
| (2) NAME | TITLE | PHONE/EXT | |
| MAILING ADDRESS | | | |

| (IV) BANK REFERENCES | | | |
|--|---|-----------|--|
| NAME OF BANK | CONTACT NAME | PHONE/EXT | |
| BANK ADDRESS | ACCOUNT # | | |
| ACCOUNT TYPE | <input type="checkbox"/> BUSINESS ACCOUNT <input type="checkbox"/> PERSONAL ACCOUNT | | |
| *IMPORTANT: PLEASE ATTACH A COPY OF VOIDED CHECK FOR BANK ACCOUNT VERIFICATION. | | | |

| (V) TRADE REFERENCES (LIST PRIMARY SUPPLIERS OF BUSINESS REFERENCES) | | | |
|---|--------------|--------------|------------|
| COMPANY NAME | CONTACT NAME | PHONE NUMBER | FAX NUMBER |
| | | | |
| | | | |
| | | | |
| | | | |

| (VI) CREDIT CARD INFORMATION | | | |
|---|---|---|--|
| CARD HOLDER'S NAME | BILLING ADDRESS | CARD TYPE | |
| EXPIRATION DATE | CREDIT CARD NUMBER | <input type="checkbox"/> VISA* <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> OTHER | |
| CARD IS: | <input type="checkbox"/> BUSINESS CARD <input type="checkbox"/> PERSONAL CARD | | |
| SECURITY CODE (CVV) _____ (3 OR 4 DIGITS) | | | |



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(VIII) POLICY AND CONDITION AGREEMENT

I hereby certify that:

1. All information provided in this Commercial Account Application is true, accurate, and complete.
2. The information in this application is furnished on a strictly confidential basis to support Tirevio Inc.'s evaluation of my/our qualification as an official commercial account holder.
3. I/we authorize Tirevio Inc. to:
 - a. Investigate the bank references, trade references, and other credit resources listed herein;
 - b. Verify the validity of the business license, sales tax permit, and other documentation attached.

SIGNATURE

TITLE

DATE