

COMMERCIAL CREDIT APPLICATION
RAFFIELD TIRE MASTERS, INC
PO BOX 3115
MACON, GA 31205
PHONE (478) 788-7897
FAX (478) 781-3311

FOR OFFICE USE ONLY
STORE _____ SLM _____
CUST TYPE _____
COUNTY _____
REQ \$ _____

TRADE NAME _____ FEDERAL ID# _____

BUSINESS ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____ WEBSITE _____

SALES TAX EXEMPT? _____ (If yes, please attach exemption forms)

PO# REQ'D? _____ SPECIAL BILLING INSTRUCTIONS? _____

BUSINESS TYPE _____ Individual/Sole Proprietorship _____ Partnership _____ LLC _____ Corporation

OWNER NAME _____ SOCIAL SEC # _____

OWNER ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NATURE OF BUSINESS _____ HOW LONG IN BUS.? _____

FLEET CONSISTS OF: _____ # OF TRUCKS _____ # OF TRACTORS _____ # OF TRAILERS _____ # OF OTHER

(Please Specify) _____

CREDIT REFERENCES

BANK _____ ACCOUNT# _____

ADDRESS _____ PHONE _____

VENDOR _____ ACCOUNT# _____

ADDRESS _____ PHONE _____

VENDOR _____ ACCOUNT# _____

ADDRESS _____ PHONE _____

VENDOR _____ ACCOUNT# _____

ADDRESS _____ PHONE _____

THE UNDERSIGNED AUTHORIZES THE CORPORATION TO INVESTIGATE THEIR CREDIT AND EMPLOYMENT HISTORY AND TO RELEASE INFORMATION ABOUT THE UNDERSIGNED'S CREDIT REFERENCES WITH THEM.

OWNER, OFFICER, AUTHORIZED OFFICIAL

DATE _____

OWNER, OFFICER, AUTHORIZED OFFICIAL

DATE _____