ATLAS TIRE AND TRUCK CENTER office 281-457-1900 ; fax 281-457-1901 ; <u>www.AtlasTireAndTruck.com</u> (Email: info@AtlasTireAndTruck.com) Mailing Address: PO Box 24428, Houston, TX 7729-4428 Physical address: 500 S. Sheldon Rd, Channelview, TX 77530			
CREDIT APPLICATION FOR A BUSINESS ACCOUNT			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Savings 🗆 or Checking 🗆	Account number:		
PO Number Required?	Contact for PO:		
A/P Phone:	A/P Contact Name:		
Are you tax exempt? - please attach tax exemption certificate	Do you require 1099 form?		
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
Phone:	Fax:	E-mail:	
Company name:			
Address:			
Phone:	Fax:	E-mail:	
Company name:			
Address:	1		
Phone:	Fax:	E-mail:	
Have you ever filed bankruptcy or had legal action taken against you?	Chapter:	Date: Status:	
1. All invoices are to be paid 30 days from the date of the invoice and agree to make payment promptly in accordance to these terms.			
2. Claims arising from invoices must be made within seven working days.			
Signature signifies the above information supplied is accurate and terms are accepted. By submitting this application, you authorize Atlas Tire and Truck Center to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURE: TITLE:			
PRINT NAME:	DATE:		