



New Customer Information Request

Thank you for your interest in Wheel Performance of Florida. Please review the following criteria required to become a wholesale dealer:

1. You must be an automobile-related business.
2. Your business must be listed with directory assistance, or be confirmed on the Internet.
3. You must purchase merchandise for the sole purpose of resale.
4. You must provide a **copy of your business license**, and sign the **Annual Resale certificate for Sales Tax (RESALE CERTIFICATE)**.
5. You must also complete, sign and return our account application/credit verification form that follows.

ALL ACCOUNTS MUST SEND BACK A COPY OF THE BUSINESS LICENSE, THE SIGNED RESALE CERTIFICATE, AND A SIGNED APPLICATION.

We cannot set up your account without the proper paperwork.

RETURN FAX TO OUR CORPORATE OFFICE:

407-830-1873

If you have any questions regarding the information required, please contact us at 407-830-7176.

311 Dane Lane #105•Longwood, FL 32750
(407) 830-7176•877-RIMSFLA•(407) 830-1873 FAX



Account Application

NAME OF BUSINESS _____

DELIVERY ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____

WEBSITE _____ EMAIL ADDRESS _____

If you would like to receive Wheel Performance emails and faxes featuring new products and specially priced merchandise. (YES, NO)

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE FAX/EMAIL/PHONE _____

NATURE OF BUSINESS (i.e. tire dealer, car audio, service center, wheels) _____

IN BUSINESS SINCE _____ NUMBER OF LOCATIONS _____

PLEASE CIRCLE ONE: (LLC CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP)

NAME OF OWNER(S) OR CORPORATE OFFICER(S), include titles _____

PAYMENT OPTIONS: please select the account you would prefer.

- 1) COD ACCOUNT: Pay with certified funds upon delivery. (money order or cashier's check).
 - ✓ Quickest and easiest option. All confirmed accounts qualify.
 - ✓ Simply return signed Account Application & Credit Verification (please list at least 3 references), with business license and State Sales and Use Tax Exemption certificate.

- 2) CREDIT CARD: Pay with company credit card. Shipping and billing address must match.
 - ✓ Simply return signed Account Application & Credit Verification (please list at least 3 references), with business license and State Sales and Use Tax Exemption certificate.

- 3) COD COMPANY CHECK ACCOUNT: UPS will accept your company check.
 - ✓ Requires your Company has been in business for a minimum of one year.
 - ✓ Requires completed credit application.
 - ✓ Requires a clean credit history and no NSF checks.

- 4) OPEN ACCOUNT: All invoices due NET 30 days from invoice date.
 - ✓ Must meet all requirements of option 3, with an excellent credit history. Requires significant credit line with current suppliers.
 - ✓ Orders may be delayed while waiting for references to respond.

WHEEL PERFORMANCE

Credit Verification

THIS PAGE MUST BE SIGNED AND RETURNED REGARDLESS OF PAYMENT OPTION.

*****REFERENCES REQUIRED ONLY FOR COD COMPANY CHECK OR OPEN ACCOUNT*****

*****PLEASE PROVIDE 5 AUTO RELATED REFERENCES, NOT ALL 5 WILL RESPOND*****

NAME _____	CONTACT _____		
PHONE # _____	FAX # _____	EMAIL _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAME _____	CONTACT _____		
PHONE # _____	FAX # _____	EMAIL _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAME _____	CONTACT _____		
PHONE # _____	FAX # _____	EMAIL _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAME _____	CONTACT _____		
PHONE # _____	FAX # _____	EMAIL _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____

It may take up to two weeks to process a credit application for company check or open account; it depends on the completeness of the credit application and the response time from the references listed. In consideration for the extension of credit, I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one-half percent (1.5%) per month to any balance owed, and in event of default, to pay reasonable collection charges and/or attorney fees. I/We also authorize Wheel Performance of Florida to contact trade references and banks to disclose financial information as requested. This agreement shall apply to all credit advances made between the parties. A service charge of fifty- (\$50) dollars will be assessed on any returned checks. Wheel Performance of Florida may request a consumer credit report in connection with your application. All invoices are due and payable in Seminole County, Longwood, Florida.

Personal Guarantee

In consideration for the credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

I certify that I am an owner, general manager, or officer authorized to make this request.



SIGNATURE _____

DATE _____

NAME _____

(TITLE)
(PRINTED)



BLANKET CERTIFICATE OF EXEMPTION

FAX TO (407) 830-1873

THE UNDERSIGNED CERTIFIES THAT THE MERCHANDISE PURCHASED ON OR AFTER _____(DATE) FROM WHEEL PERFORMANCE OF FLORIDA, UNLESS THE ORDER SHALL SPECIFY OTHERWISE, OR UNTIL THIS NOTICE IS REVOKED IN WRITING, IS EXEMPT FROM SALES AND USE TAX FOR THE FOLLOWING REASON:

- () FOR RESALE
- () OTHER REASON (SPECIFY) _____

THE UNDERSIGNED HOLDS _____(STATE) SALES AND USE TAX PERMIT # _____ AND ASSUMES LIABILITY FOR PAYMENT DIRECTLY TO THE STATE OF _____(STATE) FOR ANY TAX DUE IF HE/SHE USES OR CONSUMES THE PURCHASED PROPERTY FOR A TAXABLE PURCHASE.

SIGNED THIS _____ DAY OF _____, 2011.
SIGNATURE _____
COMPANY NAME _____
ADDRESS _____

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BUSINESS APPLICATION – BANK REFERENCE

Required information for all accounts paying by company check (COD/Company Check or Net Accounts only)

Bank Name: _____

Phone Number: _____

Fax Number: _____

Address: _____

City: _____

St: _____

Contact: _____

I authorize Wheel Performance to inquire about my account with your bank for credit purposes.

Company: _____

Address: _____

City: _____

St: _____

Zip: _____

Signature _____

Date: _____

This area is for bank response, please do not fill out

The above company has given your name as a banking credit reference; we would appreciate any information you may provide that would help in the establishment of credit relations.

Any information provided shall remain confidential.

How long has this account been open? _____

What is the average monthly balance? _____

Have there been any NSF checks? _____

If so, how many? _____

Additional Comments: