

RALEIGH TIRE

COMMERCIAL ACCOUNT CREDIT APPLICATION

COMPANY'S FULL NAME _____

TELE. NO. _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OWNER OR MANAGER (NAME) _____ TELE. NO. _____

ADDRESS _____

NUMBER OF YEARS IN OPERATION _____ P.O. NUMBER _____ YES _____ NO. _____

AUTHORIZED PERSONS TO SIGN FOR CHARGES

1. _____ 2. _____ 3. _____

BANK REFERENCE (SPECIFY) WHOSE NAME ACCOUNT IS IN, ALSO ACCOUNT NO. & BRANCH.

BANK NAME _____ ACCOUNT NO. _____ BRANCH _____

BANK NAME _____ ACCOUNT NO. _____ BRANCH _____

BUSINESS CREDIT REFERENCES

NAME _____ MAILING ADDRESS _____

TELE. NO. _____

NAME _____ MAILING ADDRESS _____

TELE. NO. _____

NAME _____ MAILING ADDRESS _____

TELE. NO. _____

SIGNATURE _____ TITLE _____ DATE _____

TERMS; ALL ACCOUNTS ARE PAYABLE BY THE 10TH OF THE FOLLOWING MONTH. IF NOT PAID IN FULL 11/2% SERVICE CHARGE WILL BE CHARGED. ANY COURT COST OR COLLECTION FEES WILL BE PAID BY CUSTOMER.

Sales Tax Exemp. No. _____