

1533 E Highland Trails Road **Enoch UT 84721**

·	
Application to: 877-366-4715	
Date:	

Please Fax Completed

Date:		

Name Printed _____

Date

P: 435-867-6167 F: 877-366-4715

We are providing the following information for your consideration in approving an open account terms and hereby authorize www.TireBooties.com to make confidential trade inquires to verify our credit worthiness....

Company Legal Name:			Telephone #: Fax #:							
						<u>, </u>				
Physical Address:			City:	City: S		ate:	Zip:			
DDA 1/1 1/1			Talanhan	. 4.		Г				
Business name DBA, if different from above:			i elepnon	Telephone #: Fax #:						
Address:			City:		State / Zip:					
Address.			City.			State	: / Zip.			
Annual Sales:			In Business	Since:	Nı	ımber of	Employees:			
, will do a source				<u> </u>			p.cyccc.			
Business Description: (Rental Co., Material Handling Co., etc.)										
,	, ,									
Federal Tax Classification: (please check box that applies)										
C Corporation S Corporation Part	tnership 🔲 Sole Propri	etorship								
Limited Liability Company. Enter the tax of	classification (C=C corpo	oration, S	S=S corporation	on, P=Partn	ership)					
Federal Tax ID:			Principal's Social Security #:							
				•		•				
State of Corporation:			Date of Co	orporation:						
Corporation:										
Drooidant		Vice Dr	acidantı							
President:		Vice Pre	esident:							
Secretary:		Treasur	or:							
Secretary.		Heasui	CI.							
Partnership: General Limite	d 🔲									
Partner's Name & Address			Social So	curity Numb	oor	Home	Phone #:			
I altilet s Name & Address			30ciai 3e	curity Murris	JG 1	TIOITIET	110116 #.			
Partner's Name & Address			Social Se	curity Numb	her	Home F	Phone #:			
T di tiloi e i talile di fidalese			- Coolai Co	Social Security Number Home Phone #:						
Partner's Name & Address			Social Se	Social Security Number Home Phone #:						
				•						
Bank Reference:										
D. I.N.										
Bank Name:	Cont	tact:				Phone #:				
		•			1		1			
Address:			City:		State:		Zip:			
Account #:										
Checking: Savings: Trade References:										
Firm Name: Contact Name:				ΔΑΑι	ress Cit	v Zin:				
Timi Name.	Contact Name.		Address, City, Zip:							
Telephone #:	Fax #:	OR - Email Address:								
					Email / taglocc.					
Firm Name:	Contact Name:		Address, City, Zip:							
Telephone #:	Fax #:		OR - Email Address:							
Firm Names Contact Names		Address 0'9 7'								
Firm Name: Contact Name:		Address, City, Zip:								
Telephone #: Fax #:			OR - Email Address:							
I hereby certify that the above information is correct. I underst paid according to the terms and conditions of sale by										

Signature of Authorized Personal _