



Waukegan Tire & Supply Co., Inc.
3444 W. Washington Street, Waukegan, IL 60085
Tel: 847.782.6672 Fax: 847.249.3959
RETURN APPLICATIONS TO: AR@WAUKEGANTIRE.COM

APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION

Company Name:
Your Name: Title:
Company Phone: Fax: Email:
Address: City: State: Zip Code:
Date business opened: Sole proprietorship: Corporation: Other:

BUSINESS CREDIT INFORMATION

Bank Name: Bank Officer: Bank Phone:
Bank City: State: Zip Code:
Account Number: Type of account: Savings Checking Other

BUSINESS/TRADE REFERENCES

Company Name:
Company Address: City: State: ZIP Code:
Company Phone: Fax: Email:
Type of account:

Company Name:
Company Address: City: State: ZIP Code:
Company Phone: Fax: Email:
Type of account:

Company Name:
Company Address: City: State: ZIP Code:
Company Phone: Fax: Email:
Type of account:

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoice must be made within seven working days.
3. By submitting this application, you authorize Waukegan Tire to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

We certify that all the information on this form is correct. We fully understand your credit terms, which are net 30 days, and agree to the proper payment in consideration fo extended credit.

Name (Please print ) Title
Signature Date