

**Business Credit Application**



Phone: **320-558-9393**

Fax: **320-558-2200**

1955 196th St E, P.O Box 70, Clearwater, MN 55320

**Name/Address**

Last:	First:	MI:	Title:
Business Name:		Billing Contact:	
Address:		P.O. Box:	City:
State:	Zip:	Email:	
Phone:	Fax:	SSN#:	

**Company Information**

Type of Business:	In Business Since:
Legal Form: (Circle One) Corporation - Partnership - Proprietorship	
Name of Parent Company (if applicable) :	
Address:	
City:	State: Zip:
Primary Contact at Parent Store:	

**Bank References**

Institution Name:	Account #:
Address:	Phone: Contact:

**Trade References (Please No Tire Distributers)**

Company:	Contact:
Address:	Phone:
Account Open Since:	Current Balance: Credit Limit:
Company:	Contact:
Address:	Phone:
Account Open Since:	Current Balance: Credit Limit:
Company:	Contact:
Address:	Phone:
Account Open Since:	Current Balance: Credit Limit:

The information provided is true and accurate as of the date of this application. I, as an authorized officer, grant permission to investigate the references, including commercial and consumer credit checks. I agree to pay Tire Solutions by the terms set forth. A finance charge of 1.5% per month will be charged on the accrued, unpaid balance of any bill not paid within the terms agreed upon.

If the account is placed with a collection agency or an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect our interest, you agree to pay all costs and suit fees, including a reasonable attorney's fee on the principal and service charges.

**X** \_\_\_\_\_ Date  
Signature

\_\_\_\_\_  
Printed Name Title

P/C:	SP:	C/L:
------	-----	------