

VISION WHEEL QUICK APPLICATION

CREDIT CARD OR COD CUSTOMERS ONLY, COD (CERTIFIED FUNDS, MONEY ORDERS, CASHIERS CHECK) IF SHIPPING OUT, CASH ON DELIVERY

Company Name

Phone Number

Billing Address City & State & ZIP CODE

Shipping Address (if different) City & State & ZIP CODE

Trades Styles, DBA'S (if any)

Proprietorship

Corporation

Partnership

LLC

Owner's Name

GENERAL SALES TAX EXEMPTION NUMBER _____

Type of Business

Years in Business

Federal ID#

VISION WHEEL SALESPERSON YOU HAVE BEEN SPEAKING WITH: _____

YOKOHAMA ADVANTAGE MEMBER? IF SO WHAT IS YOUR ASSOCIATE DEALER #: _____

CREDIT CARD NUMBER WILL BE TAKEN OVER THE PHONE.

CREDIT CARD TYPE: (CIRCLE ONE) VISA

MASTERCARD

DISCOVER

CARD HOLDER'S NAME: _____

MAILING ADDRESS FOR CARD: _____

CITY _____ STATE _____

ZIP CODE _____

CVN CODE ON BACK OF CARD: _____

SIGNATURE _____

PLEASE FAX BACK TO 256-350-6312 OR EMAIL TO: dmorrison@visionwheel.com

VISION WHEEL MUST HAVE A STATE SALES TAX NUMBER FOR EVERY CUSTOMER. THIS NUMBER IS ISSUED TO YOUR COMPANY FROM YOUR STATE. WITHOUT THIS NUMBER VISION WHEEL CANNOT WHOLESALE TO YOUR COMPANY, IF YOUR STATE IS STATE TAX EXEMPT PLEASE WRITE THIS IN. THERE ARE ONLY A FEW STATES THAT DO NOT ISSUE SALE TAX NUMBERS.