

GEAR WASH, LLC657 S. 72nd Street, Milwaukee, WI 53214 * Phone: 866-657-0111 * Fax: 414-918-4727**DEALER APPLICATION FOR A BUSINESS ACCOUNT****DEALER CONTACT INFORMATION**

Company Name:

Billing Contact/Title:

Phone:

Fax:

E-mail:

Main Address:

City:

State:

ZIP:

Year Business Established:

FEIN #:

DUNS #:

Tax Exempt? Yes No (*Circle One*) If Yes, attach Sales & Use Tax Exemption Certificate to application

Sales & Use Tax #:

BILLING & SHIPPING INFORMATION**Bill To:**

Address:

City:

State:

ZIP:

Attention To:

Phone:

Fax:

E-mail:

Send Invoice Email Address:

Ship To:

Address:

City:

State:

ZIP:

Attention:

Shipping Notification Email Address:

CREDIT CARD INFORMATION*A CREDIT CARD NUMBER IS REQUIRED ON ALL ACCOUNTS*

All accounts are on a NET 30 terms unless indicated as Due On Receipt below

Type of Card: VISA ____ MASTERCARD _____

Name On Card:

Card Billing Address:

City:

State:

ZIP:

Card Number:

Expiration Date:

Sec. Code:

*(COMPLETED BY GEAR WASH)***Account Terms:** NET 30 _____ DUE ON RECEIPT _____ (Charge Credit Card)**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By signing and submitting this application, you agree to all payment terms per Gear Wash credit policies.

SIGNATURES

ORGANIZATION:

GEAR WASH

Signature:

Signature:

Name:

Name:

Title:

Title:

Date:

Date: