C. O. D. ACCOUNT APPLICATION

Toll Free: 1-800-798-6616
Phone: 630-325-7200 FAX: 630-325-7201

Please *print* or *type*. For your protection, read this documentation carefully and be certain that *all blanks* are completely filled in.

Date _____SW Branch _____Branch # _____Terr. # _____Acct #_____

The undersigned Applicant hereby applies for a C. O. D. account with Stone Wheel Inc. Phone: _____

Business Name (*Applicant*) _____ Fax: _____

D/B/A (*If applicable*) _____

Address_____ _____ _____ _____
Street or PO Box *City* *State* *Zip.*

Owner's Name _____Social Security No. _____Phone _____

Address _____

Are you an AC Delco TSS participant? Yes No If yes, what is your TSS number _____

Please circle the one which applies to your company.

(1)INSTALLER (2)JOBBER (3)DEALER (4) COMPANY OWNED (5)GOVERNMENT (6)FLEET

SHIPPING INSTRUCTIONS: Please indicate how you will receive merchandise. Ask salesmen for description.

UPS FWT PU PUF VIP HOT PDQ OTHER _____

I/We understand that an account with you is due and payable upon delivery of the merchandise. It is understood that if the account is not paid upon delivery, it becomes past due, and interest at the rate of 1½ % per month, but not more than that permitted by law, will be added to the account each month until paid. In the event it becomes necessary for us to incur any collection costs or if suit is filed to collect under this agreement, the undersigned promises to pay such additional costs of collection and the costs of suit, including legal fees.

Checks should be made payable to: **STONE WHEEL INC., 7675 QUINCY ST., WILLOWBROOK, IL 60527.**

_____
Signature of Applicant *Title* *Date*

CERTIFICATE OF RESALE

NAME OF PURCHASER _____

ADDRESS _____

CITY _____ STATE _____DATE _____

PURCHASER'S REGISTRATION OR RESALE NUMBER _____

STATE WHERE TAX NUMBER IS FILED _____

SELLER STONE WHEEL, INC.

This is to certify that all merchandise purchased from Stone Wheel, Inc. is for the purpose of resale. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

I swear or affirm that the information on this form is true and correct as to every material matter.

_____
Authorized Signature Title Date