

## EXISTING CUSTOMER NEW LOCATION CREDIT APPLICATION

Form #: CREDAPPL-0698

Phone #: 630-325-7200 Fax: 630-325-7201

	SW Branch	Branch #	Terr.#	Acct. #
The undersigned Applic	cant hereby applies for open account c	redit with Stone Wheel Inc.	Phone #	
Business Name (App	olicant)		Fax #	
D/B/A (if applicable)				
Address	for P.O. Box			
			State	Zip Code
Email Address:				
Same Owner as A	Acct #(s)			
Terms Requested for Opening Order YES		NO	Term C	ode
P.O. Required	YES NO	Priced Packing Slips	YES	NO
Please circle the on	ne which applies to your compa	nv		
1)INSTALLER	(2)JOBBER (3)DEALER	(4) COMPANY OWNE	ED (5)GOVE	RNMENT (6)FLEET
~ <b>4:6</b> :4 <b>6 D</b> 1	1_			
Certificate of Resal		l of the numbered that l	I malea fuam Ct	one Wheel Inc. one for
he purpose of resa	purchaser and I certify that al	of the purchases that I	i make irom Su	one wneel, Inc. are for
ne pui pose oi resa	ne.			
Resale Number		re		te
	G			
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