



Largest Major Brand Tire Inventory  
Expert Automotive & Diagnostic Services  
Friendliest Customer Service

## Customer Revolving Application/Setup Document

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Business Phone: \_\_\_\_\_ Contact Name & Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Name(s) of Owner(s) of Authorized Corporate Officer(s):

\_\_\_\_\_  
\_\_\_\_\_

Business is: ☐ Individual ☐ Corporation ☐ Other (Please Describe): \_\_\_\_\_

Credit Evaluation: ☐ Yes ☐ No

Tax Exemption: ☐ Yes ☐ No

(Please include Tax Exempt Certificate if applicable)

### BANK INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TRADE REFERENCES

(1) Name: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

(2) Name: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

*Signature authorizes the release of information to Jensen Tire & Auto solely for the purpose of establishing credit account.*

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