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## DEALER APPLICATION

All customer terms will be Credit Card until this application has been approved.

This form must be filled out **Completely, Legibly, and SIGNED** for consideration for dealership with Gateway Tire & Wheel Group.

\* If you do not sign and provide the required information in the Personal Guarantee, you will not be considered for Open Account.

### BUSINESS INFORMATION:

Legal Firm Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Date Business Started \_\_\_\_\_ How Long Business in Present Location \_\_\_\_\_

Name of Owner/Partner \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Owner/Partner \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship \_\_\_\_\_ Years in Business \_\_\_\_\_

State Where Incorporated \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Federal ID# \_\_\_\_\_

Sales Tax # \_\_\_\_\_ E-mail \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS

Golf Cart Franchise \_\_\_\_\_ Franchise # \_\_\_\_\_ Retail Chain or Discount Store \_\_\_\_\_

Custom Golf Carts \_\_\_\_\_ Golf Cart Service Only \_\_\_\_\_ Parts & Accessories Only \_\_\_\_\_ Other \_\_\_\_\_

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### Gateway Tire & Wheel Group, Inc

[www.gatewaytire.com](http://www.gatewaytire.com) sales@gatewaytire.com

120 Industrial Drive  
Litchfield, IL 62056  
Phone: 217-324-0788  
Fax: 217-324-0815

5801 W Van Buren Street  
Phoenix, AZ 85043  
Phone: 602-233-2386  
Fax: 602-233-2396

3125 Drane Field Rd, #10  
Lakeland, FL 33811  
Phone: 863-644-7300  
Fax: 863-644-7334

**CREDIT**

TO APPLY FOR C.O.D. COMPANY CHECK OR OPEN ACCOUNT. PLEASE PROVIDE THE FOLLOWING INFORMATION. ORDERS WILL BE SHIPPED CREDIT CARD UNTIL CREDIT IS ESTABLISHED. PLEASE ALLOW 1-2 WEEKS FOR PROCESSING.

C.O.D. Cash \_\_\_\_\_ C.O.D. Company Check \_\_\_\_\_ Open Account \_\_\_\_\_ Credit Card \_\_\_\_\_

THIS AUTHORIZES THE USE OF MY MASTERCARD/VISA/DISCOVER/AMERICAN EXPRESS BY GATEWAY TIRE & WHEEL GROUP, INC TO PAY FOR ORDERS PLACED BY PHONE/FAX/EMAIL.

My Mastercard / VISA / Discover / American Express (circle one) number is: \_\_\_\_\_

Expiration Date \_\_\_\_\_ AVS: \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT COMPLETELY TO APPLY FOR OPEN ACCOUNT.**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Bank Phone \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Bank Fax \_\_\_\_\_

**LIST REFERENCES WHICH EXTEND CREDIT ON ACCOUNT.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

I, \_\_\_\_\_ residing at \_\_\_\_\_

For and in consideration of your extending credit at my request to \_\_\_\_\_

(name of company, herein referred to as the "COMPANY"), of which I am the \_\_\_\_\_ (title),

Hereby personally guarantee to you the payment to GATEWAY TIRE & WHEEL GROUP, INC, in the state of Illinois of any obligation of the COMPANY and I hereby agree to bind myself to pay GATEWAY TIRE & WHEEL GROUP, INC on demand any sum which may become due to GATEWAY TIRE & WHEEL GROUP, INC whenever the COMPANY shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such debt of the COMPANY. I do hereby waive to default, non-payment and notice thereof and consent to any modification or renewal of credit agreement hereby guaranteed and agree to pay all attorney's fees and court costs incurred by Gateway Tire & Wheel Group Inc. in the collection of any amounts due and owing. Venue for any matters involving the purchase of goods and services from Gateway Tire & Wheel Group, Inc., as well as collection of any amounts due and owing under this Dealer Application, shall lie in Montgomery County, Illinois.

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_