

# Customer Criteria and Instructions for Completing the Application

We have established the following criteria for your business to be accepted in the Tire Rack Fleet Program.

- Purchase tires for use on vehicles used primarily for business
- Provide a copy of your state or local business license/permit in your business name and shipping address.
- Listed business telephone number that will appear in a public directory. (i.e. Whitepages, Google)
- As applicable, Submit a tax exemption form electronically at <https://ttrecms.com/portal/tire-rack-fleet-program>.
- Provide three (3) automotive credit references that are not financially linked to, or otherwise supporting, your business and pay via ACH, Wire or Company Check.
- Please provide an email address or fax number and vendor account number for all references.
- Not required for credit card applicants.

**Signature on 2nd page required to qualify for Fleet.**

## How do I order once approved?

- Orders can be placed by calling 866-566-5140. Business hours are shown below
- Online ordering using Tire Rack’s website is not available at this time
- Customer pick-up is available in all distribution centers

If you have any questions regarding your eligibility for an account, please contact the Credit Department at 866-566-5140, ext. 4350.

Thank you!

	Sales and Customer Service Hours			
	Pacific	Mountain	Central	Eastern
Mon-Fri	5 a.m. to 5 p.m.	6 a.m. to 6 p.m.	7 a.m. to 7 p.m.	8 a.m. to 8 p.m.
Saturday	6 a.m. to 1 p.m.	7 a.m. to 2 p.m.	8 a.m. to 3 p.m.	9 a.m. to 4 p.m.



# ACCOUNT APPLICATION

Tire Rack Fleet opens your door to a huge selection and inventory of wheels, tires, suspension components and services. We hope our relationship provides your business with unlimited opportunities.

This application is intended to: A) Confirm your business meets the fleet tire program customer criteria. B) Determine the most suitable method of payment for your purchases.

NAME OF BUSINESS		DOING BUSINESS AS NAME	
BILL TO ADDRESS	CITY	STATE	ZIP CODE
SHIP TO ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	CELL NUMBER	
I would like to opt-in to receive order-related text (SMS) messages <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMAIL ADDRESS:	WEBSITE URL:
I would like to receive email at the above address from Tire Rack Fleet featuring the newest products <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCT PAYABLE:	ACCT PAYABLE EMAIL ADDRESS:
I would like to receive email at the above address from Tire Rack Fleet's credit department regarding my account when required <input type="checkbox"/> Yes <input type="checkbox"/> No	

TYPE OF BUSINESS: Describe your type of business.

IS YOUR BUSINESS A:  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION OR  LLC?

LEGAL NAME OF OWNER(S) OR CORPORATE OFFICER(S) (Include titles)

\_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS? \_\_\_\_\_ NUMBER OF YEARS UNDER CURRENT OWNERSHIP: \_\_\_\_\_

NUMBER OF LOCATIONS? \_\_\_\_\_

HOW MANY VEHICLES ARE IN YOUR FLEET? \_\_\_\_\_

HOW MANY TIRES DO YOU PROJECT PURCHASING MONTHLY? \_\_\_\_\_

DO YOU CURRENTLY HAVE AN ACCOUNT WITH TIRE RACK? \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CAN YOU MEET A 20 TIRE ORDER TO QUALIFY FOR THE BEST PRICING TIER? \_\_\_\_\_

<b>REQUIRED</b>	<ul style="list-style-type: none"> <li>- Please include a copy of your Business License with this application.</li> <li>- Submit your tax exemption form electronically at <a href="https://tirerackfleet.com/taxexemption">https://tirerackfleet.com/taxexemption</a>.</li> </ul>
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## FLEET ACCOUNT PAYMENT OPTIONS: Approval is based on credit history and reference responses.

Please select the type of account you would prefer.

- CREDIT CARD:**  
Pay at the time of order and card "must be present" to pick up at our distribution centers.
  - A) Card issued in company or owner name.
  - B) References and bank information are not required for credit card applicants.
  - C) Signature only is required on page 2.
- OPEN ACCOUNT:**  
All invoices dated prior to the end of given month are due on the 10th day of the following month by ACH/EFT or company check.
  - A) Requires a satisfactory payment history with current vendors.
  - B) Monthly credit line your company is seeking \$\_\_\_\_\_ to be considered at time of approval.
  - C) eStatement: Upon approval, I am interested in receiving my statement via email.  Yes  No



Customer Name \_\_\_\_\_ Customer # \_\_\_\_\_

PROVIDE THREE MAJOR BUSINESS REFERENCES THAT ARE NOT FINANCIALLY LINKED TO, OR OTHERWISE SUPPORTING YOUR BUSINESS \*FAX NUMBERS, EMAIL ADDRESSES AND VENDOR ACCOUNT NUMBERS ARE HELPFUL

References are only required when requesting an open terms account

1) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE \_\_\_\_\_ PHONE \*FAX/ EMAIL ADDRESS \_\_\_\_\_ VENDOR ACCT # CONTACT NAME \_\_\_\_\_

2) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE \_\_\_\_\_ PHONE \*FAX/ EMAIL ADDRESS \_\_\_\_\_ VENDOR ACCT # CONTACT NAME \_\_\_\_\_

3) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE \_\_\_\_\_ PHONE \*FAX/ EMAIL ADDRESS \_\_\_\_\_ VENDOR ACCT # CONTACT NAME \_\_\_\_\_

- After submitting this application, your new fleet account will normally be ready to place an order the same day using a company or owner credit card.
• Approval for open terms may take 1-2 weeks for processing. It is based on the response time from the references that are provided above.
• Password Protection is available. Contact the Credit Department to sign up following the approval of your account.

NAME \_\_\_\_\_ PHONE OR E-MAIL \_\_\_\_\_

The applicant hereby authorizes Tire Rack, any credit bureau, or any other investigative agency employees to contact the references given herein and to investigate any statements or other data obtained from applicant or any other person pertaining to the applicant's credit and financial responsibility. If outside intervention is required to collect payment, the applicant agrees to pay all fees incurred by Tire Rack for such outside assistance, including but not limited to attorneys' and collection agency fees. The applicant hereby authorizes Tire Rack to contact applicant by email with respect to matters involving applicant's account, including the collection of any amounts owed to Tire Rack.

SIGNATURE (required) \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

TITLE (Owner/General Mgr/Officer) \_\_\_\_\_ DATE \_\_\_\_\_

To contact us regarding the status of this application email: creditapplicationfleet@tirerack.com

TIRE RACK SALES SPECIALIST: \_\_\_\_\_

PHONE: 866-566-5140 EXT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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