



Cover Page
National Tire & Wheel
5 Garden Court
Wheeling, WV 26003

Phone: 1-800-847-3287

Fax: 1-304-233-2286

Requirements for Application for Wholesale Dealership Account

The purpose of this cover page is to outline the requirements for a wholesale dealer account with National Tire & Wheel. You must be a legitimate business in the automotive or automotive aftermarket industry. In order to maintain your dealer status, you must spend \$2,500.00 per yearly quarter. Failure to meet the requirements will result in your dealer pricing incentives being removed and the loss of your dealer status. To complete your new account setup process, you will be required to provide NT&W with a photograph of your retail storefront and a picture of your showroom. We require that you fill out completely and sign our two (2) page application and the WV tax form. You must provide a photo-copy of your business license and / or sellers permit and your tax I.D. certificate.

- Completed and signed application
- Completed WV tax form
- Photo-copy of business / vendors license or sellers permit
- Photo-copy of your tax ID certificate
- Photograph of your retail storefront
- Photograph of your customer showroom

We are fully aware that each States' requirements vary greatly for business licensing procedures. What we need is whatever proof that is required by your individual State in order to operate a business there and your tax certificate if you wish to purchase from us tax exempt. Brand new businesses, without trade references, of less than a year WILL be considered. Thank you for taking the time in preparing the requested information in order that we can provide only the best service and individual attention you deserve.

We appreciate your interest in our company and look forward to doing business with you.

Very Sincerely Yours,
National Tire & Wheel



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Application for dealership

(Please complete and sign the application and WV tax form and return with a copy of your business license and tax certificate)

Company name: _____

Physical / Shipping Address: _____

City: _____ **State:** _____ **Zip code:** _____

Primary contact name: _____

Telephone: _____ **Fax number:** _____

Tax I.D. number: _____ **Years at this location:** _____

E-mail address: _____ **Website:** _____

Corporation: _____ **State:** _____ **Years incorporated:** _____

Partnership: _____ **Years partnership formed:** _____

Proprietorship: _____ **Years in business under this trade name:** _____

Owner, CEO or President: _____

Title: _____

Principal(s) information:

President's / Owners name: _____

Home address: _____

City: _____ **State:** _____ **Zip code:** _____

Home telephone: _____ **Social Security Number:** -- --

Cell phone: _____ **E-mail address:** _____

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Account information:

Primary Bank name: _____

Bank address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: _____ **Fax number:** _____

Account number: _____ **Contact person:** _____

Trade references:
(minimum of two (2))

Name: _____ **Account number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

Name: _____ **Account number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

Name: _____ **Account number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

Name: _____ **Account number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

This application does not constitute an open account. Initial orders must be prepaid. COD's will only be accepted after six (6) prepaid orders have been placed. We accept and encourage credit cards. A \$25.00 fee will be charged for any returned checks. I also understand that interest will be charged on any past due balance at a rate not to exceed 18% APR or 1.5% per month. If, in the event of default of payment on open account, COD, or returned check, I, the undersigned, agree to pay any and all legal and collection fees involved in reconciliation of the past due balance. A counterpart of this guarantee delivered by facsimile transmission shall be deemed an original document and be valid for all purposes.

Printed Name: _____ **Date:** _____

Signature: _____ **Position:** _____

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

3. Please print

Name of purchaser _____

Business Address	City	State	Zip Code
Purchaser's Tax ID Number	State of Issue	Country of Issue	
If no Tax ID Number Enter one of the following:	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
		State of Issue: Number	

Name of seller from whom you are purchasing, leasing or renting
NATIONAL TIRE & WHEEL

Seller's address	City	State	Zip code
5 GARDEN COURT	WHEELING,	WEST VIRGINIA	26003

4. Type of business. Circle the number that describes your business

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|---|---|
| A Federal government (department) _____ | H Agricultural production # _____ |
| B State or local government (name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or educational organization # _____ | |
| G Resale # _____ | |

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser _____ Print Name Here _____ Title _____ Date _____