



Custom Wheel Specialists, Inc.
 2380 Wycliff Street
 Saint Paul, MN 55114
 651-644-5783 Fax 651-646-1337

Date 10/22/21

Print Form

Reset Form

BUSINESS APPLICATION - GENERAL INFORMATION **Required Information*

Account Type	<input type="radio"/> Credit Card <input type="radio"/> COD - Company Check <input type="radio"/> COD - Cash Only		
Legal Business Name*	_____		Dunn & Bradstreet # _____
DBA Name*	_____		Years in Business* _____
Address 1*	Address 2	PO Box _____	
City*	State/Province*	Zip/Postal Code*	Country _____
Phone Number*	Fax Number _____	e-mail _____	
Federal Tax ID/EIN*	_____		State Tax ID* _____
Entity*	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Corp-Incorp		Year/State Incorporated in _____
Accounts Payable Contact	_____	Phone Number _____	Fax Number _____
Billing Address	City _____	State/Province _____	Zip/Postal Code _____
Principle's Name*	Title _____		
Principle's Address*	City* _____	State/Province* _____	Zip/Postal Code* _____
Phone Number	Fax Number _____	SSN # _____	

Bank References

Bank Name	Contact	Account # _____		
Phone Number	Fax Number _____	<input type="radio"/> Checking	<input type="radio"/> Savings	<input type="radio"/> Line of Credit
Bank's Address	City _____	State/Province _____	Zip/Postal Code _____	
Bank Name	Contact	Account # _____		
Phone Number	Fax Number _____	<input type="radio"/> Checking	<input type="radio"/> Savings	<input type="radio"/> Line of Credit
Bank's Address	City _____	State/Province _____	Zip/Postal Code _____	

Trade References

Company Name	Phone Number	Fax Number
_____	_____	_____
Company Name	Phone Number	Fax Number
_____	_____	_____
Company Name	Phone Number	Fax Number
_____	_____	_____
Company Name	Phone Number	Fax Number
_____	_____	_____



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BUSINESS APPLICATION - TERMS AND CONDITIONS

Herein the term "you" shall refer to Custom Wheel Specialists, Inc. and the term "we" shall refer to the company and/or persons requesting a business account and/or credit. To induce you to extend credit to our firm, we agree to pay all invoices within the stated terms of sale as noted on the invoice.

In addition, cash discounts will be allowed only if earned within the discount period. Unearned cash discounts will be due in full and treated with equal importance as each invoice.

If for any reason one of our checks is returned due to non-sufficient funds, we will be required to replace the original check amount, along with any assessed bank service charges, with "certified funds" upon receipt of notification from you.

We authorize the release of credit and other financial information, including, but not limited to banking information whether verbal or written, from the entities we have specified in this application to you.

If it is necessary for you to place our account in the hands of a collection agency or an attorney, we agree to pay the cost of collection plus attorney fees, court costs and interest as permitted by laws governing this transaction.

We understand and recognize that in approving credit for us you will not be making a commitment to extend credit in any particular amount or for any period of time and that you may discontinue credit at any time, refuse to extend credit, in all cases in your sole discretion, in addition, you may withdraw any credit approval if any matter causes insecurity on your part in extending credit to us. We also understand that a 1.5% monthly late charge will be applied on all overdue invoices.

We undersigned, hereby state that the foregoing agreement of terms and conditions are agreed upon and that the information given on page one of this application is true and correct.

Officer's Signature _____ Title _____
 Print Name _____ Date _____

Continuing Personal Guarantee

The undersigned agrees to act as a personal guarantor for all debts incurred both now and in the future by the Company, Organization, Persons, or Corporations who have signed this credit application and have been extended credit both now and in the future. Guarantor recognizes, understands and agrees that this guarantee cannot be revoked, or rescinded, or discharged in any case under Title 11 or 7 of United States code, if any principal balance remains outstanding. In addition, the undersigned submits him/herself if under the personal jurisdiction in the City, County and, State that Custom Wheel Specialists, Inc conducts business in.

Officer's Signature _____ Date _____
 Print Name _____ Social Security # _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

Return Policy

You must call to request a return authorization prior to shipping the product back to us.

Products may be returned for credit without handling/restock penalties within 10 days of invoice, 11-30 days with a 10% handling/restock charge and 30-45 days with a 25% handling/restock charge, products older than 45 days and mounted wheel/tire packages are not returnable. Shipping/delivery charges will not be credited on any sale.

All returns must fall under the following guidelines: Product must be new and in unmounted condition, product must be in original packaging, all accessories must be present and securely packaged. Mounted wheel and tire packages are not returnable. Products designated as special order or discontinued are not returnable under any circumstance. All return shipping/delivery must be prepaid.

Credit is issued to the respective customers account for future purchases only. A 2.5% processing fee will be assessed to all returns originally paid by credit card.

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

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

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser _____

Business Address _____ City _____ State _____ ZIP code _____

Purchaser's Tax ID Number _____ State of Issue _____

If no tax ID number, Enter one of the following:	FEIN	Driver's license number/State issued ID number
		State of Issue Number

Name of seller from whom you are purchasing, leasing, or renting _____

Seller's Address _____ City _____ State _____ ZIP code _____

Type of Business

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

Reason for Exemption (See Instructions)

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> J Agricultural production |
| <input type="checkbox"/> B Specific government exemption _____ | <input type="checkbox"/> K Industrial production/manufacturing |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> L Direct pay authorization |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____ | <input type="checkbox"/> N Direct mail |
| <input type="checkbox"/> F Educational organization # _____ | <input type="checkbox"/> O Other (enter number from instructions) _____ |
| <input type="checkbox"/> G Religious organization # _____ | <input type="checkbox"/> P Percentage exemption |
| <input type="checkbox"/> H Resale | <input type="checkbox"/> Advertising (enter percentage) _____% |
| <input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> Utilities (enter percentage) _____% |
| | <input type="checkbox"/> Electricity (enter percentage) _____% |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

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



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Uniform Sales and Use Tax Certificate Multi-Jurisdiction - Non Minnesota Businesses

Blanket Certificate Single Purchase Certificate

Business Name _____ Permit # _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

I hereby certify that I hold a valid sales tax and use permit as issued and registered by the governing entity of the state listed above.

I am in the business of: _____

I will purchase: Custom wheels, tires, automotive related accessories and services from Custom Wheel Specialists, Inc.

I declare that the items we will purchase from Custom Wheel Specialists, Inc. will be resold in the form of tangible personal property. In the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax measured by the purchase price of such property. I also declare the information provided to you is correct and complete to the best of my/our knowledge and belief.

Providing false information or using an exemption certificate for items or services that will be used for purposes other than those being claimed is illegal and punishable by law.

Signature _____ Title _____

Print Name _____ Date _____

Please include a copy of your certificate when submitting your application.



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BUSINESS APPLICATION - BANK REFERENCE

Required information for all accounts paying by company check & certified funds

Bank Name _____ Phone Number _____ Fax Number _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

Bank contact _____

I authorize Custom Wheel Specialists, Inc. to inquire about my account with your bank for credit purposes

Company _____ Account # _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____

Signature _____ Date _____

This area is for bank response, please do not fill out

The above company has given your name as a banking credit reference, we would appreciate any information you may provide that would help in the establishment of credit relations.

Any information provided shall remain confidential.

How long has this account been open? _____

What is the average monthly balance? _____

Have there been any NSF checks? _____ If so, how many? _____

Comments:

Thank you for your assistance
Credit Manager
Custom Wheel Specialists, Inc.

Please fax back to 651-646-1337