



1235 West Trinity Mills Rd. \* Carrollton, Texas 75006

Phone: 469-892-2424 or 800-527-2006

FAX: 469-546-4100

www.earlowenwholesale.com

# WHOLESALE / NEW CUSTOMER APPLICATION

This application is intended for creating a customer account with Earl Owen Co. and is not an application for trade credit. Please fax completed application to 469-546-4100 or email to [ar@earlowen.com](mailto:ar@earlowen.com). If Applicant has any questions, please call 1-800-527-2006. Any missing information will delay processing of application.

Company Name \_\_\_\_\_

Contact Names: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Tax ID \_\_\_\_\_

How long in business \_\_\_\_\_ Primary Lines interested in: \_\_\_\_\_

Existing Suppliers / \$ Volume \_\_\_\_\_

Accounts Payable Manager (s) \_\_\_\_\_ Email(s) \_\_\_\_\_

Accounts Payable: Phone \_\_\_\_\_ Fax \_\_\_\_\_

CORPORATION  SOLE PROPRIETOR  PARTNERSHIP  LLC

### Business References: (List companies you purchase truck accessories from)

1. Company \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Company \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Company \_\_\_\_\_ Phone #: \_\_\_\_\_

### I. Bank Information - (For company Check Approval fill out I and II, Credit card accounts fill out I, II and III)

Bank Name \_\_\_\_\_ ACCT #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

### II. Complete for all corporate officers, partners, or an individual proprietor and all authorized check writers:

Name(s) & Title(s): \_\_\_\_\_ DL # \_\_\_\_\_

Home Address(s): \_\_\_\_\_

City/State/Zip(s): \_\_\_\_\_

The undersigned certifies that he/she has read and agrees to all Earl Owen Co. policies.

Below may ONLY be completed by the (Owner/President/Chairman/Principal) of Business named above and is required for account activation.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### This Application is Not an extension of Trade Credit / Open Account

Do you wish to apply for trade credit / open account? Please request an Earl Owen Co. Credit Application from your salesperson. -----

### III. Complete for all Credit Card Accounts (Circle one) AMEX / Visa/MC / Discover

Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CV Code (Last 3 digits on back) \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Name as it appears on Card: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

I hereby authorize Earl Owen Co. to bill the above credit card for future purchases: (Circle one) YES NO