



www.pacifictiredistributors.com

PTDSP#

Application for C.O.D. / Check Acceptance

Premier Service

Family Owned & Operated

Value Pricing

To apply, please **completely** fill out the following form and fax it to (503) 247-7087 or email it to Accounting@pacifictiredistributors.com

Company Information

Name of Business:		
Doing Business As:		
Years in Business:		
Street Address:		
City/State:		
Zip Code:		
Phone/Fax Number:		
Federal ID #:		
Resale #:		
Website URL:		
Company Email:		

Type of Business

- Proprietorship
 Partnership
 Corporation
 LLC

Would you like to sign up for our TIREWEB online ordering system? Yes No

Purchase Order Required? Yes No

Annual Tire Sales Volume: \$ _____

Primary Business

- Automotive Service
 New Car Dealer
 Independent Tire Dealer
 Tuner/Accessories
 Used Car Dealer
 Wholesaler
 Other _____

****Check Acceptance, Please Continue...****

Companies Conducting Business in California, Idaho & Washington Need To Fax Or Email Their Resellers Permit



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Owner/Shareholder/Partner/Member

Name:	Home Address:	City/State/Zip
Social Security #	Driver's License #	State Issued
Name:	Home Address:	City/State/Zip
Social Security #	Driver's License #	State Issued

Terms & Conditions

Please read the following statement carefully and "agree" to the terms & conditions, followed by your signature/date.

Returned Checks: The undersigned agrees that all returned checks are subject to a \$47.00 NSF fee.

Personal Guarantee: The undersigned unconditionally and irrevocably guarantees the payment and performance obligations of the applicant that are created and incurred under this agreement.

Signature: The undersigned warrants that they have an ownership interest in the business and are authorized to enter into this agreement on its behalf. Also, the undersigned accepts the terms and conditions of this agreement and verifies that it is accurate and truthful.

Requestor:

Print Name Signature Title Date

PTD OFFICE USE ONLY

CUSTOMER # _____ APPROVED BY: _____ DATE: _____

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