



DEALER APPLICATION

BUSINESS CONTACT INFORMATION

Legal Company Name:		DBA:		
Phone:	Fax:	E-mail:		
Billing Address:		City	State	Zip
Shipping Address (if different from above):		City	State	Zip
Business License No:		Sales Tax #		
FEIN or SSN:				
Accounts Payable Contact:		Phone/Ext:		
Authorized Personnel to Charge Account:				

PLEASE FAX A COPY OF YOUR RESALE TAX CERTIFICATE OR EMAIL IN WITH APPLICATION.
FLORIDA CUSTOMERS NEED UPDATED ON A YEARLY BASIS.

Years In Business:	Type of Business:
State Business opened in:	

Owner or officer

Name:	Title:
Home Address:	Home Phone:
Driver's License No:	SSN:

Name:	Title:
Home Address:	Home Phone:
Driver's License No:	SSN:

BUSINESS/TRADE REFERENCES

Company Name	Account #	Contact	Phone
Address	City	State Zip	Fax
Company Name	Account #	Contact	Phone
Address	City	State Zip	Fax
Company Name	Account #	Contact	Phone
Address	City	State Zip	Fax

BANK REFERENCE

Company Name	Account #	Contact	Phone
Address	City	State Zip	Fax

Starr Wheel Group
1571 west copans rd ste 102
Pompano Beach, FL 33064
P- (954) 935 5536
F- (954) 935 5540

Warrior Imports
2887 N Salem Warren Rd
Warren, OH 44481
P- (330) 538 2926
F- (330) 538 9641

I, as owner or officer of the above company, affirm that the above information is correct to the best of my knowledge and I agree to provide my personal guarantee for any purchases made from Starr Wheel Group. I also authorize my references to release credit information to Starr Wheel Group.

Signature

Print Name

Title of company

Date

STARR
ALLOY WHEEL