



## Registration Forms

The following forms need to be completed and returned to Southern Tire and Wheel.

Fax:

901-234-0072

Email:

Mikepeacock@southerntireandwheel.com

Parkermcclain@southerntireandwheel.com

Hammondmiller@southerntireandwheel.com

Heywoodmiller@southerntireandwheel.com

Mail:


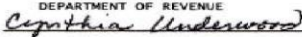
2460 East 5<sup>th</sup> St

Montgomery, AL 36117

1. **Business Application**
2. **Certificate of Resale**
3. **Credit Card Authorization Form**

☐ A copy of a driver's license is needed if you wish to keep a credit card on account. We assure you all information is securely stored within our software.

4. **A copy of the Company Sales Tax License is required (Example Below)**

|  |                          |                |   |
|--|--------------------------|----------------|---|
|   | <b>SALES TAX LICENSE</b> |                |   |
|  | <b>State of Alabama</b>  |                |   |
| Alabama Department of Revenue  |                          |                |   |
| ISSUED TO:   | ACCOUNT TYPE             | ACCOUNT NUMBER | EFFECTIVE DATE  |
|  |                          |                | 10/27/10  |
| TO ENGAGE IN BUSINESS FOR WHICH TAX IS IMPOSED BY SECTIONS 40-23-1/39 CODE OF ALABAMA 1975, AS AMENDED. SALES TAX LAW  |                          |                |   |
| NON-TRANSFERABLE   |                          |                |   |
| THIS ACCOUNT ISSUED TO PERSON OR BUSINESS WHOSE NAME APPEARS ABOVE IS NOT TRANSFERABLE.  |                          |                |   |
| STATE OF ALABAMA<br>DEPARTMENT OF REVENUE<br><br>Assistant Commissioner |                          |                |   |
| ALABAMA DEPARTMENT OF REVENUE<br>P.O. BOX 327900<br>MONTGOMERY, AL 36132-7900  |                          |                | PRESORTED<br>FIRST CLASS MAIL<br>U.S. POSTAGE PAID<br>MONTGOMERY<br>ALABAMA |



## Business Application

Company Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FED ID #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ PO. Required: \_\_\_\_\_

### Owners or Principals:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Business and Credit Information:

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

### Trade Reference:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's signature warrants that the information and related financial disclosure is true and accurate. By submitting this application you authorize Southern Tire and Wheel to make inquiries into the banking and business/trade references you have supplied.



## Certificate of Resale

Firm Name: \_\_\_\_\_

I Hereby Certify that I hold the valid seller's permit number: \_\_\_\_\_

issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling: \_\_\_\_\_

and that the tangible personal property described in the second paragraph of this certificate, which I purchase from: \_\_\_\_\_

Will be resold by me in the form of tangible personal property; provided, however, that in the event any of the property is used for any purpose other than that specified above or other than retention, demonstration or display while I am holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax measured by the purchase price of such property.

Description of property to be purchased: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

## Credit Card Authorization Form

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

Business name or individual Authorizing charge

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

Physical Business Address (# P.O. Box)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Credit Card Information