

**COMMERCIAL CREDIT APPLICATION**  
**RAFFIELD TIRE MASTERS, INC**  
**PO BOX 3115**  
**MACON, GA 31205**  
**PHONE (478) 788-7897**  
**FAX (478) 781-3311**

**FOR OFFICE USE ONLY**  
STORE \_\_\_\_\_ SLM \_\_\_\_\_  
CUST TYPE \_\_\_\_\_  
COUNTY \_\_\_\_\_  
REQ \$ \_\_\_\_\_

TRADE NAME \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

SALES TAX EXEMPT? \_\_\_\_\_ (If yes, please attach exemption forms)

PO# REQ'D? \_\_\_\_\_ SPECIAL BILLING INSTRUCTIONS? \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_ Individual/Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation

OWNER NAME \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ HOW LONG IN BUS.? \_\_\_\_\_

FLEET CONSISTS OF: \_\_\_\_\_ # OF TRUCKS \_\_\_\_\_ # OF TRACTORS \_\_\_\_\_ # OF TRAILERS \_\_\_\_\_ # OF OTHER

(Please Specify) \_\_\_\_\_

**CREDIT REFERENCES**

BANK \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VENDOR \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VENDOR \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

VENDOR \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

THE UNDERSIGNED AUTHORIZES THE CORPORATION TO INVESTIGATE THEIR CREDIT AND EMPLOYMENT HISTORY AND TO RELEASE INFORMATION ABOUT THE UNDERSIGNED'S CREDIT REFERENCES WITH THEM.

\_\_\_\_\_  
OWNER, OFFICER, AUTHORIZED OFFICIAL

DATE \_\_\_\_\_

\_\_\_\_\_  
OWNER, OFFICER, AUTHORIZED OFFICIAL

DATE \_\_\_\_\_