



CORPORATE OFFICES

275 EAST MAIN STREET, ORANGE, MA 01364

Phone: (978)544-8811 Fax: (978)544-0012

E-Mail: info@petestire.com Internet: www.petestire.com

Massachusetts

Gardner (978) 632-7697

591 West Broadway

Northampton (413) 586-8815

186 North King St.

Orange (978) 544-8811

275 East Main St.

Randolph (781) 986-8473

85 York Avenue

Shrewsbury (508) 754-9876

407 Hartford Tpke. Rd.

Springfield (413) 736-8700

125B Progress Avenue

Woburn (781) 721-9070

280 Mishawum Rd.

Connecticut

Danbury (203) 743-7648

19A Chestnut Street

Franklin (860) 642-7577

15 Murphy Road

Waterbury (203) 754-2156

100 Captain Neville Dr.

South Windsor (860) 291-9165

25R Bidwell Rd.

Rhode Island

Providence (401) 521-2240

80 Public Street

Vermont

White River Jct (802) 291-9216

127 Round House Rd.

Brattleboro (802) 254-3628

220 Old Ferry Road

Rutland (802) 747-0752

62 Randbury Rd.

New Hampshire

Amherst (603) 672-8973

54 Route 101A

APPLICATION FOR CREDIT

***All information is required in order to process application**

Billing Address

Company Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Web Address:

Shipping Address (If different from Billing)

Address:

City:

State:

Zip:

Telephone:

Fax:

Is a purchase order required?

(Circle One)

Yes

No

Principal/Owner (Full Name)

Personal Address:

City:

State:

Zip:

Telephone:

Fax:

A/P contact:

Year Opened:

Type of Business:

Corporation

Partnership

Proprietorship

Tax Exempt?

(Circle One)

Yes

No

(If exempt, a copy of your form must be submitted with application)

Number of Vehicles/Equipment (Please indicate Qty of Each)

_____ Passenger Cars

_____ Pick-Up Trucks

_____ Straight Trucks

_____ Road Tractor

_____ Trailers

_____ Farm Tractors

_____ Loaders

_____ Log Skidder



Credit Application - Page 2
(Applications will not be processed without fax numbers)

Company Name: _____

Tax ID Number: _____

Bank Reference

Name of Financial Institution: _____ Telephone: _____

Account Number: _____ Type of Account _____

Trade References (3 Required)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

If this account is not paid when due, the purchaser agrees to pay any and all costs of collection, including reasonable attorney fees. All goods remain property of Pete's Tire Barns until paid in full.

Salesman name or Petes Tire Barn's location nearest to you: _____

I hereby grant permission for you to verify this information with the above listed references.

Signed: _____ **Position:** _____ **Date:** _____