



Roadwire has 2 simple payment methods to choose from: "Credit Terms" and "Pre-pay" (Credit card or Check by phone)

For "Pre-pay" simply fill out 1) Request for Customer Number Form, and 2) Resale Certificate Form. For "Credit Terms" please fill out each of the 5 forms provided. In the case of "Credit Terms" you can purchase product via "Pre-pay" during credit approval process. (takes approximately 2-3 weeks).

Upon completion of your choice, please fax forms to: **(562) 684-0300**

Thank You for choosing ROADWIRE!



REQUEST FOR CUSTOMER NUMBER
(The below asterisk areas must be filled out completely in order to process)

**Customer
To Complete**

*Customer Name: _____
(as it appears on resale)

Parent Company: _____
(if applicable)

*Billing Address: _____

*City, State, Zip Code: _____

Shipping Address: _____
(if different)

City, State, Zip Code: _____

*Telephone: _____ *Fax: _____

*E-mail: _____

*A/P contact name: _____ *Phone: _____

Fax: _____

***Choose One:**

Terms:	Prepay _____	Credit Terms _____ (Pending Credit Approval)
	Credit Card _____	Approved \$ _____
	Check by Phone _____	Declined: Date _____

**Sales Rep
Or CSR
To Complete**

Sales Person Name: _____

Price List: _____ Approved By: _____

HOME OFFICE USE ONLY

New Customer # _____ Issued By: _____ Date: _____

User Name: _____ Password: _____

RESALE CERTIFICATE FORM

THE UNDERSIGNED HOLDER OF LIMITED SALES TAX PERMIT NO. _____, STATE OF _____ UNDER THE AUTHORITY OF THE LIMITED SALES, EXCISE AND USE-TAX ACT CLAIMS THE RIGHT TO MAKE A NON-TAXABLE PURCHASE FOR RESALE OF TAXABLE ITEMS FROM:

Roadwire

TAXABLE ITEMS TO BE PURCHASED WILL BE RESOLD, RENTED OR LEASED BY PURCHASER WITHIN THE GEOGRAPHICAL LIMITS OF THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS IN THE NORMAL COURSE OF BUSINESS EITHER IN THE FORM OR CONDITION IN WHICH PURCHASED, OR AS AN ATTACHMENT TO, OR INTEGRAL PART OF OTHER TANGIBLE PERSONAL PROPERTY. THE DESCRIPTION OF ITEMS TO BE PURCHASED FROM THE ABOVE NAMED SUPPLIER IS AS FOLLOWS:

- 1) LEATHER SEAT COVERS (AUTOMOTIVE PRODUCTS)
- 2) MOBILE VIDEO PRODUCTS
- 3) ACCESSORY ITEMS

I UNDERSTAND THAT I WILL BE LIABLE FOR PAYMENT OF THE USE-TAX IF I FAIL TO COMPLY WITH THE APPLICABLE PROVISIONS OF THE LIMITED SALES, EXCISE AND USE-TAX ACT AND COMPTROLLER RULES REGARDING PURCHASES OF THE TAXABLE ITEMS FOR RESALE.

AN OUT-OF-STATE RETAILER PURCHASING ITEMS FOR RESALE IN HIS HOME STATE MAY VALIDATE THE RESALE CERTIFICATE WITH THE SALES TAX PERMIT NUMBER OF CERTIFICATE OF AUTHORITY NUMBER ISSUED BY HIS HOME STATE.

IT IS A MISDEMEANOR TO GIVE A RESALE CERTIFICATE TO THE SELLER FOR TAXABLE ITEMS WHICH I KNOW AT THE TIME OF PURCHASE WILL BE USED IN A MANNER OTHER THAN THAT EXPRESSED IN THIS CERTIFICATE, AND UPON CONVICTION I UNDERSTAND THAT I MAY BE FINED UP TO \$500.00 PER OFFENSE.

RESELLER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PURCHASER NAME (PLEASE PRINT)

PURCHASER SIGNATURE

TITLE

DATE: _____



Release of Banking Information

I _____ for, _____ do hereby authorize Roadwire
(Your Name) (Company Name)

to receive only the information requested in writing on the following request for credit information form.

Please release the information via fax, mail or phone directly to Roadwire.

Signature: _____

Title: _____

Date: _____

ROADWIRE	P.O Box 910941 Los Angeles, CA 90091-0941 (877) ROADWIRE
Credit Application	

Please Print or Type

Firm Name (Complete Legal Name)		D.B.A. Name (if any)			
Customer Address	City	State	Zip Code	Phone	
Billing Address	City	State	Zip Code	Phone	
Type of Business Product	How Long in business?	Date Present Ownership Began	Ever Filed Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> Year: <input style="width: 50px;" type="text"/>		

If Partnership or Sole Ownership, Please Complete (Use Additional Sheet if Necessary)

1 Owner/Partner Name	Social Security Number		Spouse's Name		
Home Street address	Rent?	Own?	City	State	Home Phone

If incorporated please indicate date of incorporation and complete.

1 Officer Name	Title	Home Address, City, State, Zip	Home Phone	Years w/ Co.
2 Officer Name	Title	Home Address, City, State, Zip	Home Phone	Years w/ Co.

If In Business Less Than One Year, Please Complete The Following:

Name of Previous Business, If Any	Name of Previous Employer
Address	Address

Trade References

1 <table border="1" style="width: 100%;"> <tr><td>Name</td></tr> <tr><td>Address</td></tr> <tr><td>City, State, Zip</td></tr> <tr><td>Phone</td></tr> <tr><td>Fax (required)</td></tr> </table>	Name	Address	City, State, Zip	Phone	Fax (required)	2 <table border="1" style="width: 100%;"> <tr><td>Name</td></tr> <tr><td>Address</td></tr> <tr><td>City, State, Zip</td></tr> <tr><td>Phone</td></tr> <tr><td>Fax (required)</td></tr> </table>	Name	Address	City, State, Zip	Phone	Fax (required)	3 <table border="1" style="width: 100%;"> <tr><td>Name</td></tr> <tr><td>Address</td></tr> <tr><td>City, State, Zip</td></tr> <tr><td>Phone</td></tr> <tr><td>Fax (required)</td></tr> </table>	Name	Address	City, State, Zip	Phone	Fax (required)
Name																	
Address																	
City, State, Zip																	
Phone																	
Fax (required)																	
Name																	
Address																	
City, State, Zip																	
Phone																	
Fax (required)																	
Name																	
Address																	
City, State, Zip																	
Phone																	
Fax (required)																	

Bank References

Bank Name	Account Number	Branch	Bank Official's Name	Phone
Credit Desired (Mandatory) \$	Names of Persons Authorized to Place Sales Order			Credit Department Fax
Dunn & Bradstreet No.			Terms <input type="checkbox"/> Net 30	

I Certify that all the statements above are true and that I fully understand your credit terms and agree to comply with said terms.
 I authorize you to obtain such information as you may require concerning this application
 The purchaser agrees to pay all attorney's fees and/or court costs as may be deemed reasonable in the event legal action becomes necessary to collect any outstanding balance.
 This application is made with the understanding, and agreement, that all charges for parts and service work will be due and payable within ten days after the end of the month during which purchases were made and that a monthly service charge charge of 1 1/2 (18% of annual rate) will be paid on account balance which are past due.

ANY ACCOUNT PAST DUE OVER 90 DAYS WILL AUTOMATICALLY BE PLACED ON C.O.D. AND CREDIT PRIVILEGES WILL BE WITHDRAWN.
 APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH ABOVE TERMS.

Date: _____ Firm Name: _____

By _____

(Must be signed by an officer or principal of firm)

