

# Gino/Bonetti Wheels Co.

Application for a Business Account

**Fill Out and Return By Fax To: (323) 266-0111**

BUSINESS CONTACT INFORMATION			
<b>President/Owner Name:</b>			
<b>Company name:</b>			
<b>Tel:</b>	<b>Fax:</b>	E-mail:	
<b>Registered company address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
Date business commenced:			
Sole proprietorship:	Partnership:	<b>Driver lic#:</b>	<b>Tax ID (IRS) #</b>
BUSINESS AND CREDIT INFORMATION			
<b>Primary business address (if different from above):</b>			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
<b>Bank name:</b>			
<b>Bank address:</b>		<b>Phone:</b>	
City:	State:	ZIP Code:	
<b>Type of account:</b>	<b>Account number:</b>		
Savings			
<b>Checking</b>			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. ALL BOLD LETTER SECTIONS REQUIRED!
2. By submitting this application, you authorize Gino Wheels Inc. to make inquiries into the banking and business/trade references that you have supplied.
3. Please attach copy of check signer's Driver's License, in order to pay by company check.
4. By signing I personally guarantee to pay all purchases in full, in accordance with the terms of sale as stated on invoice(s). Should I/we not pay according to stated terms, it is understood that said terms can be taken away, and a charge of 1.5% interest per month will be added to all invoice(s) not paid within term.

### SIGNATURES

Sign:	Sign:
Date:	Date: