



NEW CUSTOMER APPLICATION

INSTRUCTIONS: Print out this form, Fill it out, Email to sales@ddcwheels.com

Legal Name _____

Trade Name if Any _____

Address _____ City/State/Zip _____

Company Website _____

Business Phone _____ Business Email _____

State Tax License # *Please attach copy of resellers permit* Federal Tax ID _____

Type of Business: Corporation/LLC Partnership Individual Business # of Years in Business _____

Company Main Contact: _____ Contact Phone Number: _____

Company Accounting Contact: _____ Contact Email: _____

Company Sales/Buyer Contact: _____ Contact Email: _____

TRADE REFERENCES

- 1) Supplier Name: _____ Phone #: _____ Email: _____
- 2) Supplier Name: _____ Phone #: _____ Email: _____
- 3) Supplier Name: _____ Phone #: _____ Email: _____

DDC Wheels is continually updating its customer and contact database; we request that you confirm the mailing and email addresses, and phone numbers, to be current and accurate. Please also give us your permission to send you materials advertising our products to your email address or the fax number you provide, so we can keep you informed of all of our products and special promotions. You may note your permission below, call our customer service number to give us permission. If you subsequently wish to have your email address or phone number removed from our list, our removal number is on the bottom of each promotion.

Mark to approve receipt of calls and/or emails of DDC Wheels specials and promotions.

We hereby apply for credit and /or affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the State of Nevada. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

By signing below you acknowledge that all information given by you is true and accurate, and agree to all the terms and conditions.

Signature: _____ Print: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Billing Address: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

C/C Security Code: _____

BANK TRANSFER/ACH AUTHORIZATION FORM

Please provide your business checking account information.

Name on Account: _____

Phone Number associated with account: _____

Routing Number: _____

Account Number: _____

I authorize DDC Wheels to charge my purchase on the above referenced Credit Card or Bank Account. In choosing to use this card as method of payment, I guarantee that there will be no refunds for shipping charges (2-way) in the event of a returned shipment due to refusal of delivery. I guarantee that no “charge-back” will be issued, prior to making contact with DDC Wheels to settle any disputes and acquiring written agreement to perform a “charge-back”. I also authorize DDC Wheels to charge my credit card the amount of any unresolved past due payments. By signing this form, you acknowledge that all information given by you is true and accurate. Credit card fraud is a felony and is punishable by law.

Company Name: _____ Date: _____

Signature: _____ Signer Name (Print): _____

All information received from the Customer is kept in the strictest confidence.

