

# THE REINALT-THOMAS CORPORATION

Discount Tire / America's Tire

20225 N Scottsdale Rd, Dept 50005 \* Scottsdale, AZ 85255 \* Phone: (888)943-9707 \* Fax: (855)231-1343  
Email: ar@discounttire.com

Thank you for your interest in setting up an account.

Please complete, sign, and return the attached application and additional documents, when required, to the fax number or email address shown above.

***\*Applications will not be processed if incomplete or unsigned\****

Required documents:

- Account application
- Signed Credit Policies page (for Commercial Credit applicants only)
- Completed and signed Blanket Sales Tax Exemption Certificate (if applicable)

If applying for a commercial credit account you will be notified by mail when the application has been approved or declined.

If there are any questions regarding the application or the credit policies of our commercial credit privileges, please call the Accounts Receivable Department at (888) 943-9707.

**Do you have an order pending?**

**Yes**

**No**

**Would you be interested in becoming a recommended installer?**

**Yes**

**No**

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Type of account requested (select one):  Cash  Commercial Credit (must sign Credit Policies page)

Company's Full Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ State of Organization: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Company Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (must be a physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ D & B#: \_\_\_\_\_

Estimated Monthly Purchases: \_\_\_\_\_ (Call Dunn & Bradstreet @ 1-800-234-3867 for business D&B #)

Credit Limit Requested: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ \*Sales Tax #: \_\_\_\_\_

Number of Commercial Fleet Vehicles: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Purchasing Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

A/P Contact Email: \_\_\_\_\_ Purchasing Contact Email: \_\_\_\_\_

A/P Statement/Invoice Email: \_\_\_\_\_

### Information about Corporate Officers/Managers/Principals

Officer Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Officer Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Officer Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

*(Please complete name in case this page is separated from page 1)*

### Trade Credit References

(Please do not list credit cards or revolving accounts as trade references.)

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Terms: \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Terms: \_\_\_\_\_
3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Terms: \_\_\_\_\_

Have you conducted business with us in the past?  Yes  No

If yes, under what business name: \_\_\_\_\_

Are you affiliated with any other companies that are currently conducting business with us?  Yes  No

If yes, under what business name: \_\_\_\_\_

Information required on invoice:

- |  |  |
|--|--|
| <input type="checkbox"/> Driver Name (always included) | <input type="checkbox"/> License Plate #     |
| <input type="checkbox"/> Company Name                  | <input type="checkbox"/> License Plate State |
| <input type="checkbox"/> Street Address                | <input type="checkbox"/> VIN #               |
| <input type="checkbox"/> City                          | <input type="checkbox"/> Mileage             |
| <input type="checkbox"/> State                         | <input type="checkbox"/> Stock #             |
| <input type="checkbox"/> Zip                           | <input type="checkbox"/> Unit #              |
| <input type="checkbox"/> Vehicle Year                  | <input type="checkbox"/> ID/Job #            |
| <input type="checkbox"/> Vehicle Make                  |  |
| <input type="checkbox"/> Vehicle Model                 |  |

Additional Requirements:

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## COMMERCIAL CHARGE ACCOUNT CREDIT POLICIES

- Minimum of 2 years in business.
- Commercial credit privileges will not be extended to consumers or for personal, family, or household purposes.
- All commercial credit sales must be accompanied by an authorization from your company.
- Invoices will be given to the driver to be turned in to your Accounts Payable Department or emailed to your company at the time of sale. Copies of invoices can be sent upon request.
- Statements are sent out at the beginning of every month. Statements will be deemed correct and accepted unless written notification of any disputed items is received by the Accounts Receivable Department within 30 days of statement date.
- If you use purchase orders we will try to include your purchase order number on our invoices however, the absence of a purchase order number on our invoices shall in no way affect your obligation to pay the invoice. Terms and conditions in your purchase order will not supersede the terms and conditions set forth in this agreement.
- Accounts with no billing for at least 12 months may be closed for inactivity.

### Payment is due as follows:

- **Payment in full is due on the 15<sup>th</sup> of the month following the month of purchase.**
- Payments can be made online or by check.
  - To pay **online** go to **Tires.com** and use the **Commercial Payments** link.
  - If paying by check please include a copy of your remittance advice with your payment and mail it to:

**The Reinalt-Thomas Corporation**  
**PO Box 29851**  
**Phoenix, AZ 85038-9851**

- Your account may be charged a fee for processing a returned check or ACH payment. At our option, returned items may also result in termination of commercial credit privileges.

### Delinquent Accounts:

A failure to make your entire payment when due may result in any or all of the following:

- Imposition of a late charge of up to 1.5% per month (or if less, the maximum legal amount) on past due amounts.
- Termination of commercial credit privileges and all future purchases being made on C.O.D. terms only.

By signing the application you agree to pay all collection costs incurred to collect any account balance, including reasonable attorneys' fees.

I/WE, THE UNDERSIGNED, HEREBY AUTHORIZE THE REINALT-THOMAS CORPORATION TO CONTACT ALL OF THE ABOVE LISTED INDIVIDUALS OR BUSINESSES TO INQUIRE INTO OUR PAYMENT HISTORY AND BUSINESS RELATIONSHIP.

IN ADDITION, I/WE UNDERSTAND THAT **PAYMENT IN FULL IS DUE BY THE 15TH OF THE MONTH FOLLOWING THE MONTH OF PURCHASE AND THAT PAST DUE ACCOUNTS MAY BE SUBJECT TO A LATE CHARGE OF UP TO 1.5% PER MONTH (OR IF LESS, THE MAXIMUM LEGAL AMOUNT).** I/WE FURTHER UNDERSTAND THAT FAILURE TO MAKE PAYMENTS AS AND WHEN DUE MAY RESULT IN TERMINATION OF TRADE CREDIT PRIVILEGES AND RESULT IN FUTURE PURCHASES BEING ON C.O.D TERMS ONLY.

AUTHORIZATION IS REQUIRED FOR ALL SALES. BY SIGNING BELOW I/WE ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF TRADE CREDIT PRIVILEGES EXTENDED BY THE REINALT-THOMAS CORPORATION. I/WE ARE NOT APPLYING FOR CONSUMER CREDIT.

\*Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) \_\_\_\_\_

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>17</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,18</sup>	
CT <sup>5</sup>		NC <sup>19</sup>	
DC <sup>6</sup>		ND	
FL <sup>7</sup>		OH <sup>20</sup>	
GA <sup>8</sup>		OK <sup>21</sup>	
HI <sup>4,9</sup>		PA <sup>22</sup>	
ID		RI <sup>23</sup>	
IL <sup>4,10</sup>		SC	
IA		SD <sup>24</sup>	
KS		TN	
KY <sup>11</sup>		TX <sup>25</sup>	
ME <sup>12</sup>		UT	
MD <sup>13</sup>		VT	
MI <sup>14</sup>		WA <sup>26</sup>	
MN <sup>15</sup>		WI <sup>27</sup>	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_