

PLEASE FILL OUT APPLICATION IN ITS ENTIRETY & FAX BACK TO (718)-504-9637

## NEW ACCOUNT APPLICATION



SALES REPRESENTATIVE: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

### BUSINESS INFORMATION

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE URL: \_\_\_\_\_

### PERSONAL INFORMATION

BUSINESS OWNERS NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

BUSINESS PARTNER / PROPRIETOR \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

OWNER HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### TYPE OF BUSINESS

- |                                      |                                     |                                       |                                 |                                     |
|--------------------------------------|-------------------------------------|---------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> SERVICE     | <input type="checkbox"/> BODY SHOP  | <input type="checkbox"/> TINT SHOP    | <input type="checkbox"/> TUNER  | <input type="checkbox"/> WHOLESALER |
| <input type="checkbox"/> ACCESSORIES | <input type="checkbox"/> WHEEL/TIRE | <input type="checkbox"/> NEW CAR      | <input type="checkbox"/> STEREO | <input type="checkbox"/> EXPORTER   |
| <input type="checkbox"/> MAIL ORDER  | <input type="checkbox"/> USED CAR   | <input type="checkbox"/> OTHER: _____ |                                 |                                     |

NAME OF OWNER OR CORPORATE OFFICER: \_\_\_\_\_

IS YOUR BUSINESS A SOLE PROPRIETORSHIP, A PARTNERSHIP OR A CORPORATION? \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS? \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

DO YOU HAVE AN ACCOUNT WITH US? \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

### BANK INFORMATION

BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

### WHOLESALE ACCOUNT PAYMENT OPTIONS: *Please select the type of account you would prefer*

#### COD ACCOUNT:

Pay with certified funds (US postal money order or cashier's check) upon delivery.

- 1) All confirmed automotive-related businesses qualify. Orders over \$1,000 may require a \$250 deposit.
- 2) Company business credit cards are acceptable for deposit.

**Extreme Auto Accessories**  
157-01 Rockaway Boulevard  
Jamaica, New York 11434  
Main Office: (718) 978-6722  
Fax: (718) 504-9637  
Email: sales@rennenauto.com

**COD COMPANY CHECK ACCOUNT:**

UPS will accept your company checks on the following terms:

- 1) Requires that your Company has been in business for a minimum of one year.
- 2) Requires a clean credit history and no NSF checks.

**COMPANY BUSINESS CREDIT CARD ACCOUNT:**

- 1) Requires a Credit Card, which is in the Company or business owner's name and that, is billed to the business address.
- 2) Credit Card Application must be on file with required information.

**OPEN ACCOUNT:**

All invoices dated prior to the end of any given month are due on the 10<sup>th</sup> day of the following month.

- 1) Requires an excellent credit history.
- 2) Requires significant credit line with current suppliers.
- 3) Corporate Officers / Owners must sign a personal guarantee.

**PLEASE LIST TWO MAJOR SUPPLIERS OR CREDIT REFERENCES**

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

WHOM SHALL WE CONTACT WITH QUESTIONS AND STATUS OF THE APPLICATION?

CONTACT NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

I HEREBY RESPONDED TO THE NEEDED INFORMATION ON THE APPLICATION TO THE BEST OF MY KNOWLEDGE IN HONESTY AND OPENESS. IN THE CASE THAT OUTSIDE INTERVENTION IS NEEDED TO COLLECT PAYMENT, I AGREE TO PAY ANY ADDITIONAL FEES RESULTING FROM SUCH ACTION.

I HEREBY AUTHORIZE EXTREME AUTO ACCESSORIES DBA RENNEN INTERNATIONAL TO CONTACT, REQUEST, AND USE BANKING AND TRADE REFERENCES I HAVE LISTED IN THIS APPLICATION TO VERIFY MY CREDIT AND BUSINESS HISTORY.

\_\_\_\_\_  
PRINTED NAME OF OWNER/CEO

\_\_\_\_\_  
SIGNATURE

**\*\*\*PLEASE INCLUDE A COPY OF YOUR BUSINESS LICENSE AND RESELLER'S CERTIFICATE WITH THIS APPLICATION. Please contact your sales representative for any further questions. Thank You!**