



DYNAMIC WHEEL GROUP

NEW CUSTOMER INFORMATION FORM

EMAIL TO ACCOUNTS@DYNAMICWHEELGROUP.COM OR FAX: 626 | 813-3685

| COMPANY INFORMATION: | | | |
|------------------------------------|--|--------|--|
| Full Legal Business Name: | | | |
| Company Name for Reseller Listing: | | | |
| Contact Name for Reseller Listing: | | | |
| UPS# for Third Party Shipping: | | | |
| Address: | | | |
| | | | |
| City: | | State: | |
| Phone: | | Zip: | |
| Fax: | | | |
| Web Address: | | | |

| SHIPPING ADDRESS: <input type="checkbox"/> Same as above | | | |
|---|--|--------|--|
| Business Name: | | | |
| Attention: | | | |
| Address: | | | |
| | | | |
| City: | | State: | |
| Phone: | | Zip: | |

| BILLING INFORMATION: | | | |
|---------------------------------|--|------|--|
| Contact Name: | | | |
| Contact Phone: | | Fax: | |
| Email for Invoicing: | | | |
| State Resale # or Taxpayer ID#: | | | |

| TRADE REFERENCES: | | | |
|-------------------|--|------------|--|
| 1. Name: | | | |
| Phone #: | | Account #: | |
| 2. Name: | | | |
| Phone #: | | Account #: | |
| 3. Name: | | | |
| Phone #: | | Account #: | |

Payment Options for Dynamic Wheel Group: COD Cashiers Check, VISA, MasterCard, AMEX

Payment with Order - Prepayment is Required with 1st order

- Credit Card on File _ Your Credit card will be charged unless setup differently by the accounting office.
- Credit Card on File - Card will be on the date order is placed.
- Credit Card on File- will be charged a 25% restocking fee for any refused or cancelled order plus shipping charges.

| PAYMENT INFORMATION: | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Discover | <input type="checkbox"/> Mastercard/Visa | <input type="checkbox"/> American Express |
| Exp. Date: | [] / [] | |
| Card #: | | |
| Printed Cardholder Name: | | |

Note: Any account not within terms, new orders will not be processed.

Notice To Buyer: DO NOT SIGN THIS APPLICATION BEFORE YOU READ IT

By signing below on behalf of your business, you represent that your business is a valid business entity; that all purchases made on this account will for purposes other than personal, family or household use; and that you are an authorized representative of the business with authority to enter into contractual agreements. On behalf of the business, you certify that all information provided in this application is complete and accurate and you agree to be bound by the terms of the Credit Agreement.

- Owner
- Officer
- Authorized Purchasing Agent

SIGNATURE OF COMPANY'S AUTHORIZED REPRESENTATIVE DATE

PRINTED NAME TITLE

Customer Form Submission Instructions:

Please email the completed Customer Information Form to accounts@dynamicwheelgroup.com.
 If you have been in contact with a DWG Sales Rep please provide their name below.
 If you have not been in contact with a Sales Rep a rep will be assigned to you and will follow up on the completion of this form!

| |
|---------------------------------------|
| Dynamic Wheel Group Sales Rep: |
|---------------------------------------|

Digital Purchase Order Inbox:

ALL DIGITAL PURCHASE ORDERS CAN BE SENT TO ORDERS@DYNAMICWHEELGROUP.COM

DYNAMIC WHEEL GROUP Federal TAX ID# 95-4801585